

Crosswalk Management System

| | |
|-------------|---------------------------|
| Report | REPORT CROSSWALK TO STATE |
| Filename | adobe pdf |
| Run by | ASIRROCCO |
| Report Date | 14-NOV-12 03:02 |

Crosswalk Report

Status : FN

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

Media ID : MT01 - MT

Start Date : 01-OCT-91

End Date :

Follow-up :

Montana's Treatment Episode Data Set -No Dates/#'s On Media Forms
Version : 1

K = Key Field

System

Montana

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|------------|--------------------------------|---------|-------|---|
| 1 | System Transaction Type | - SDS 1 | | System Transaction Type Added to Record Admission (SDS1) |
| K 2 | State Code | - SDS 2 | | State code (SDS2) |
| 3 | Reporting Date | - SDS 3 | | Month and Year of Submission Added to Each Record (SDS3) |

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| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|------------|--------------------------------------|----------|-------|--|
| K 1 | Provider Identifier | -- M01>2 | | Program Number - NDATUS (MDS1) State item 2 |
| K 2 | Client Identifier (Admission) | -- M02>3 | | Client ID (MDS2) State item 3 |
| K 3 | Co-Dependent/Collateral | -- M03>7 | | Client Status - Co-dependent/Collateral (MDS3) State item 7 |
| 1 | Yes | - | | Not collected |
| 2 | No | - | | Not collected |
| K 4 | Client Transaction Type | -- M04>7 | | Client Status (MDS4) State item 7 |
| A | Admission | 1 | | Admission--Alcohol/Drug |
| T | Transfer/Change in Service | 2 | | Transfer in Service--Alcohol/Drug |
| K 5 | Date of Admission | -- M05>4 | | Admission Date (MDS5) State item 4 MMDDYYYY |

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| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|----------|---|---------------------|--|-------------------|
| 6 | Number of Prior Treatment Episodes | -- M06>23 | Number of Prior Treatment Episodes (MDS6) State item 23 | |
| 0 | 0 Previous Episodes | 0 | 0 | |
| 1 | 1 Previous Episodes | 1 | 1 | |
| 2 | 2 Previous Episodes | 2 | 2 | |
| 3 | 3 Previous Episodes | 3 | 3 | |
| 4 | 4 Previous Episodes | 4 | 4 | |
| 5 | 5 Or More Previous Episodes | 5 | 5 or greater | |
| 7 | Unknown | 97 | Unknown | |

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| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|----------|--------------------------------------|-------------|-------|---|
| 7 | Principal Source of Referral | -- 8 | | Source of Referral (MDS7) no longer used |
| 01 | Individual (includes self-referral)) | 01 | | Self |
| 03 | Other Health Care Provider | 02 | | Hospital |
| 03 | Other Health Care Provider | 03 | | Mental Health |
| 03 | Other Health Care Provider | 04 | | Private Practioner |
| 03 | Other Health Care Provider | 05 | | Public Health |
| 07 | Court/Criminal Justice/DUI/DWI | 06 | | Own Program |
| 07 | Court/Criminal Justice/DUI/DWI | 07 | | ACT Program |
| 06 | Other Community Referral | 08 | | AA, NA, AL-ANON, Etc. |
| 07 | Court/Criminal Justice/DUI/DWI | 09 | | Other CD Program |
| 06 | Other Community Referral | 10 | | Social Service or Project Work |
| 07 | Court/Criminal Justice/DUI/DWI | 11 | | Courts |
| 07 | Court/Criminal Justice/DUI/DWI | 12 | | Police |
| 07 | Court/Criminal Justice/DUI/DWI | 13 | | Prerelease, Parole and Probation |
| 07 | Court/Criminal Justice/DUI/DWI | 15 | | Attorney, Legal Aid |
| 03 | Other Health Care Provider | 16 | | Indian Health Service |
| 07 | Court/Criminal Justice/DUI/DWI | 17 | | Tribal Court |
| 07 | Court/Criminal Justice/DUI/DWI | 18 | | Dept. of Family Services |
| 05 | Employer/EAP | 19 | | Employer |

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|---------------------------------------|--------------------------------------|-------------|-------|---|
| 7 | Principal Source of Referral | -- 8 | | Source of Referral (MDS7) no longer used |
| 06 | Other Community Referral | 20 | | Church |
| 04 | School (Educational) | 21 | | School |
| 01 | Individual (includes self-referral)) | 22 | | Family |
| 01 | Individual (includes self-referral)) | 23 | | Friends |
| 06 | Other Community Referral | 24 | | Media |
| 03 | Other Health Care Provider | 25 | | Change in Service |
| 03 | Other Health Care Provider | 26 | | Other Treatment Program |
| 97 | Unknown | 27 | | None - used when no other category applies |
| 02 | Alcohol/Drug Abuse Provider | 51-98 | | Other Montana Alcohol and Drug Treatment Programs |
| 03 | Other Health Care Provider | 99 | | Out-of-State Treatment Program |
| No longer effective as of: 03-31-2008 | | | | |

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| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|----------|--------------------------------------|--------------------|-------|--|
| 7 | Principal Source of Referral | -- M07>8 | | Source of Referral (MDS7) State item 8 |
| 02 | Alcohol/Drug Abuse Provider | 51-98 | | Other Montana Alcohol & Drug programs - OLD data |
| 06 | Other Community Referral | AA/NA | | AA, NA, AL-ANON, etc |
| 07 | Court/Criminal Justice/DUI/DWI | ACT | | ACT program |
| 06 | Other Community Referral | CHURCH | | Church |
| 07 | Court/Criminal Justice/DUI/DWI | CORRPOP | | Correctional population |
| 07 | Court/Criminal Justice/DUI/DWI | COURT | | Courts |
| 07 | Court/Criminal Justice/DUI/DWI | DFS | | Dept of family services |
| 05 | Employer/EAP | EMPLOYER | | Employer |
| 01 | Individual (includes self-referral)) | FAMILY | | Family |
| 01 | Individual (includes self-referral)) | FRIENDS | | Friends |
| 03 | Other Health Care Provider | HOSP | | Hospital |
| 03 | Other Health Care Provider | IHS | | Indian Health Service |
| 07 | Court/Criminal Justice/DUI/DWI | LEGAL | | Attorney, legal aid |
| 06 | Other Community Referral | MEDIA | | Media |
| 03 | Other Health Care Provider | MENTHLTH | | Mental health |
| 02 | Alcohol/Drug Abuse Provider | OTHMTTX | | Other MT TX programs |
| 02 | Alcohol/Drug Abuse Provider | OTHRCD | | Other CD provider |
| 02 | Alcohol/Drug Abuse Provider | OTHRTX | | Other TX provider |

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|----------|--------------------------------------|-----------|-------|--|
| 7 | Principal Source of Referral | -- M07>8 | | Source of Referral (MDS7) State item 8 |
| 03 | Other Health Care Provider | OUTSTATE | | Out-of-State treatment program |
| 02 | Alcohol/Drug Abuse Provider | OWNPGM | | Same provider |
| 07 | Court/Criminal Justice/DUI/DWI | POLICE | | Police |
| 07 | Court/Criminal Justice/DUI/DWI | PPP | | Prerelease, parole, and probation |
| 03 | Other Health Care Provider | PRIVPRACT | | Private practitioner |
| 03 | Other Health Care Provider | PUBHLTH | | Public health |
| 04 | School (Educational) | SCHOOL | | School |
| 01 | Individual (includes self-referral)) | SELF | | Self |
| 06 | Other Community Referral | SOCSVC | | Social service or project work |
| 07 | Court/Criminal Justice/DUI/DWI | TRBLCRT | | Tribal court |
| 8 | Date of Birth | -- M08>11 | | Birth Date (MDS8) State item 11 MMDDYYYY |
| 9 | Sex | -- M09>12 | | ADMIT_GENDER (MDS9) State item 12 |
| 2 | Female | FEMALE | | Female |
| 1 | Male | MALE | | Male |

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| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------------------------------------|----------------------------|--------|----------------------------------|-------------------|
| 9 | Sex | - - 12 | Sex (MDS9) no longer used | |
| 1 | Male | 1 | Male | |
| 2 | Female | 2 | Female | |
| No longer effective as of: 03-31-2008 | | | | |

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------------------------------------|--|--------|--|-------------------|
| 10 | Race | - - 13 | Race/Ethnicity (MDS10) no longer used | |
| 05 | White | 1 | White | |
| 04 | Black or African American | 2 | Black | |
| 02 | American Indian (Other than Alaskan Native) | 3 | American Indian | |
| 01 | Alaska Native (Aleut, Eskimo, Indian) | 4 | Alaskan Native | |
| 03 | Asian or Pacific Islander | 5 | Asian/Pacific Islander | |
| 20 | Other Single Race | 6 | Hispanic: Mexican | |
| 20 | Other Single Race | 7 | Hispanic: Puerto Rican | |
| 20 | Other Single Race | 8 | Hispanic: Cuban | |
| 20 | Other Single Race | 9 | Other Hispanic | |
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| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|--|------------|-------------------------|---|
| 10 | Race | -- M10>13 | ADMIT_RACE (MDS10) | State item 13 |
| 01 | Alaska Native (Aleut, Eskimo, Indian) | AKNAT | | Alaskan native |
| 13 | Asian | ASIAN | | Asian |
| 04 | Black or African American | BLACK | | Black |
| 21 | Two or More Races | MULTI-RACE | | More than one race |
| 02 | American Indian (Other than Alaskan Native) | NATAMER | | American Indian |
| 23 | Native Hawaiians or Other Pacific Islanders | NATHAW | | Native Hawaiian or other Pacific Islander |
| 20 | Other Single Race | OTHSING | | Other single race |
| 05 | White | WHITE | | White |
| 11 | Ethnicity | -- M11>13 | Admit_Ethnicity (MDS11) | State item 13 |
| 03 | Cuban | CUBAN | | Hispanic: Cuban |
| 02 | Mexican | MEX | | Hispanic: Mexican |
| 05 | Not of Hispanic Origin | NONHISP | | Not Hispanic |
| 04 | Other Specific Hispanic | OTH | | Other Hispanic |
| 04 | Other Specific Hispanic | OTHHISP | | Other Hispanic |
| 01 | Puerto Rican | PR | | Hispanic: Puerto Rican |

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| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------------------------------------|----------------------------|-------|-------|--|
| 11 | Ethnicity | -- 13 | | Race/Ethnicity (MDS11) no longer used |
| 05 | Not of Hispanic Origin | 1 | | White |
| 05 | Not of Hispanic Origin | 2 | | Black |
| 05 | Not of Hispanic Origin | 3 | | American Indian |
| 05 | Not of Hispanic Origin | 4 | | Alaskan Native |
| 05 | Not of Hispanic Origin | 5 | | Asian/Pacific Islander |
| 02 | Mexican | 6 | | Hispanic: Mexican |
| 01 | Puerto Rican | 7 | | Hispanic: Puerto Rican |
| 03 | Cuban | 8 | | Hispanic: Cuban |
| 04 | Other Specific Hispanic | 9 | | Other Hispanic |
| No longer effective as of: 03-31-2008 | | | | |

| Item | Education | -- M12>18 | Years of Education Completed (MDS12) State item 18 |
|-------|--|-----------|--|
| 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 | Highest academic school level completed |

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| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------------------------------------|----------------------------|-------|-------|---|
| 13 | Employment Status | -- 16 | | Employment Status (MDS13) no longer used |
| 01 | Full Time | 1 | | Employed Full Time |
| 02 | Part Time | 2 | | Employed Part Time |
| 03 | Unemployed | 3 | | Unemployed |
| 04 | Not in Labor Force | 4 | | Not in Labor Force |
| 97 | Unknown | 97 | | Unknown |
| No longer effective as of: 03-31-2008 | | | | |

| 13 | Employment Status | -- M13>16 | Admit_Employ_Status (MDS13) State item 16 |
|----|--------------------|-----------|---|
| 01 | Full Time | FULLTIME | Employed full time |
| 04 | Not in Labor Force | NILF | Not In Labor Force |
| 02 | Part Time | PARTTIME | Employed part time |
| 03 | Unemployed | UNEMPLOY | Unemployed |

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| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|---|---------------------|---------------------------------|----------------------|
| 14 | Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C) | -- M14>24 | Drug Types 1,2,3 (MDS14) | State item 24 |
| 02 | Alcohol | 01 | Alcohol | |
| 03 | Cocaine, Crack | 02 | Cocaine/Crack | |
| 04 | Marijuana, Hashish (includesTHC and other Cannabis Sativa preparations) | 03 | Marijuana/Hashish | |
| 05 | Heroin | 04 | Heroin | |
| 06 | Non-Prescription Methadone | 05 | Non-Rx Methadone | |
| 07 | Other Opiates and Synthetics | 06 | Other Opiates & Synthetics | |
| 08 | PCP | 07 | PCP | |
| 09 | Other Hallucinogens | 08 | Other Hallucinogens | |
| 10 | Methamphetamine | 09 | Methamphetamines | |
| 11 | Other Amphetamines | 10 | Other Amphetamines | |
| 12 | Other Stimulants | 11 | Other Stimulants | |
| 13 | Benzodiazepines | 12 | Benzodiazepines | |
| 14 | Other Non-Benzodiazapine Tranquilizers | 13 | Other Tranquilizers | |
| 15 | Barbiturates | 14 | Barbiturates | |
| 16 | Other Non-Barbituate Sedatives or Hypnotics | 15 | Other Sedatives or Hypnotic | |
| 17 | Inhalants | 16 | Inhalants | |
| 18 | Over-the-Counter | 17 | Over the counter | |
| 20 | Other | 18 | Other | |

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Minimum

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Item No Treatment Episode Data Set

Item

Value

State System Data

| | | | |
|-----------|---|------------|--|
| 14 | Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C) | - - M14>24 | Drug Types 1,2,3 (MDS14) State item 24 |
|-----------|---|------------|--|

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| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|---|---------------------|---------------------------------|--|
| 14 | Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C) | -- M14>24 | Drug Types 1,2,3 (MDS14) | State item 24 |
| 01 | None | 01 | | None -used only for secondary/tertiary |
| 02 | Alcohol | 02 | | Alcohol |
| 03 | Cocaine, Crack | 03 | | Cocaine/Crack |
| 04 | Marijuana, Hashish (includesTHC and other Cannabis Sativa preperations) | 04 | | Marijuana/Hashish |
| 05 | Heroin | 05 | | Heroin |
| 06 | Non-Prescription Methadone | 06 | | Non-Rx Methadone |
| 07 | Other Opiates and Synthetics | 07 | | Other Opiates & Synthetics |
| 08 | PCP | 08 | | PCP |
| 09 | Other Hallucinogens | 09 | | Other Hallucinogens |
| 10 | Methamphetamine | 10 | | Methamphetamines |
| 11 | Other Amphetamines | 11 | | Other Amphetamines |
| 12 | Other Stimulants | 12 | | Other Stimulants |
| 13 | Benzodiazepines | 13 | | Benzodiazepines |
| 14 | Other Non-Benzodiazapine Tranquilizers | 14 | | Other Tranquilizers |
| 15 | Barbiturates | 15 | | Barbiturates |
| 16 | Other Non-Barbituate Sedatives or Hypnotics | 16 | | Other Sedatives or Hypnotic |
| 17 | Inhalants | 17 | | Inhalants |
| 18 | Over-the-Counter | 18 | | Over the counter |

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| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|---|------------|-------|---|
| 14 | Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C) | - - M14>24 | | Drug Types 1,2,3 (MDS14) State item 24 |
| 20 | Other | 20 | | Other |
| 15 | Usual Route of Administration (Primary-15A, Secondary-15B, Tertiar-15C) | - - 27 | | Usual Route of Administration (MDS15) no longer used |
| 97 | Unknown | 00 | | - |
| 01 | Oral | 01 | | Oral |
| 02 | Smoking | 02 | | Smoking |
| 03 | Inhalation | 03 | | Inhalation |
| 04 | Injection (IV or intramuscular) | 04 | | Injection |
| 20 | Other | 20 | | Other |

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| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|--|-----------|-------|--|
| 15 | Usual Route of Administration (Primary-15A, Secondary-15B, Tertiari-15C) | -- M15>27 | | Usual Route of Administration (MDS15) State item 27 |
| 03 | Inhalation | INHALE | | Inhalation |
| 04 | Injection (IV or intramuscular) | INJECT | | Injection |
| 96 | Not Applicable | NOTAPPL | | Used for secondary/tertiary only |
| 98 | Not Collected | NOTCOLL | | Used for secondary/tertiary only |
| 01 | Oral | ORAL | | Oral |
| 20 | Other | OTHER | | Other |
| 02 | Smoking | SMOKE | | Smoking |

| | | | | |
|-----------|---|-------|--|---|
| 16 | Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C) | -- 25 | | Frequency During Month Prior to Admis (MDS16) no longer used |
| 97 | Unknown | 00 | | Unknown - used for codependency/collateral |
| 01 | No use in the past month | 01 | | No past month use |
| 02 | 1-3 times in past month | 02 | | 1-3 times in past month |
| 03 | 1-2 times per week | 03 | | 1-2 times per week |
| 04 | 3-6 times per week | 04 | | 3-6 times per week |
| 05 | Daily | 05 | | Daily |

No longer effective as of: 03-31-2008

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| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|---|-----------|-------|---|
| 16 | Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C) | -- M16>25 | | Frequency use During Month Prior Admis (MDS16) State item 25 |
| 03 | 1-2 times per week | 1TO2WK | | 1-2 times per week |
| 02 | 1-3 times in past month | 1TO3PMO | | 1-3 times in past month |
| 04 | 3-6 times per week | 3TO6WK | | 3-6 times per week |
| 05 | Daily | DAILY | | Daily |
| 01 | No use in the past month | NOMONTH | | No past month use |
| 96 | Not Applicable | NONEXIST | | Used for secondary/tertiary only |
| 96 | Not Applicable | NOTAPPL | | Used for secondary/tertiary only |

| | | | | |
|-----------|--|-----------|--|--|
| 17 | Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C) | -- M17>26 | | Age First Use (MDS17) State item 26 |
| 00 | Indicates a Newborn with a substance dependency problem | 00 | | Newborn with substance problem will be converted to 00 |
| 01-95 | Indicates The Age at First Use | 01-96 | | Age of First Use |
| 97 | Unknown | 97 | | Unknown |

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| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------------------------------------|--|-------------|-------|--|
| K 18 | Type of Services | -- 5 | | Type of Care (MDS18) no longer used |
| 08 | Ambulatory Detoxification | 01 | | Detoxification |
| 01 | Detoxification - Hospital Inpatient (Detox, 24 hour Service) | 02 | | Inpatient Hospital |
| 02 | Detoxification Free-standing Residential (Detox, 24 hour Service) | 03 | | Inpatient Free-Standing |
| 05 | Rehabilitation/Residential - Long-term, (more than 30 days) | 04 | | Intermediate (Transitional Living) |
| 07 | Ambulatory - Non-Intensive Outpatient | 05 | | Day Treatment |
| 06 | Ambulatory - Intensive Outpatient | 06 | | Intensive Outpatient |
| 07 | Ambulatory - Non-Intensive Outpatient | 07 | | Outpatient |
| No longer effective as of: 03-31-2008 | | | | |

| K 18 | Type of Services | -- M18>5 | Type of Care (MDS18) State item 5 |
|-------------|--|--------------------|--|
| 04 | Rehabilitation/Residential - Short-term, (30 days or fewer) | DAYTX | Day treatment |
| 08 | Ambulatory Detoxification | DETOX | Detoxification |
| 03 | Rehabilitation/Residential - Hospital (other than detox) | INHOSP | Inpatient hospital |
| 02 | Detoxification Free-standing Residential (Detox, 24 hour Service) | INPFREE | Inpatient free-standing |
| 06 | Ambulatory - Intensive Outpatient | INTOUTP | Intensive Outpatient |
| 07 | Ambulatory - Non-Intensive Outpatient | OUTP | Outpatient |
| 05 | Rehabilitation/Residential - Long-term, (more than 30 days) | TRANSLVG | Intermediate (Transitional Living) |

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|-----------|---|----------|-------|---|
| 19 | Opioid Replacement Therapy (Planned/ Actual)Was -Use of Methadone Planned/Actual | - - M19> | | Opioid replacement therapy - NOT COLLECTED (MDS19) |

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

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| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|----------|----------------------------------|------------------|-------|--|
| 1 | Detail Drug Code, Primary | ~ S01> | | Detail Drug Codes - Primary, Secondary & Tertiary (SUDS1) |
| 0201 | Alcohol | 0201 | | Alcohol |
| 0301 | Crack | 0301 | | Crack |
| 0302 | Other Cocaine | 0302 | | Other Cocaine |
| 0401 | Marijuana/Hashish | 0401 | | Marijuana/Hashish |
| 0501 | Heroin | 0501 | | Heroin |
| 0601 | Non - Prescription Methadone | 0601 | | Non-Prescription Methadone |
| 0701 | Codeine | 0701 | | Codiene |
| 0702 | Propoxyphene (Darvon) | 0701 | | Codiene |
| 0703 | Oxycodone (Oxycontin) | 0703 | | Oxycodone (Oxycontin) |
| 0704 | Meperidine (Demerol) | 0704 | | Meperidine (Demerol) |
| 0705 | Hydromorphone (Dilaudid) | 0705 | | Hydromorphone (Dilaudid) |
| 0706 | Other Opiates or Synthetics | 0706 | | Other Opiates or Synthetics |
| 0707 | Pentazocine (Talwin) | 0707 | | Pentazocine (Talwin) |
| 0708 | Hydrocodone (Vicodin) | 0708 | | Hydrocodone (Vicodin) |
| 0709 | Tramadol (Ultram) | 0709 | | Tramadol (Ultram) |
| 0801 | PCP or PCP Combinations | 0801 | | PCP or PCP Combinations |
| 0901 | LSD | 0901 | | LSD |
| 0902 | Other Hallucinogens | 0902 | | Other Hallucingens |

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| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|----------|--|------------------|-------|--|
| 1 | Detail Drug Code, Primary | ~ S01> | | Detail Drug Codes - Primary, Secondary & Tertiary (SUDS1) |
| 1001 | Methamphetamine/Speed | 1001 | | Methamphetamine/Speed |
| 1101 | Amphetamine | 1101 | | Amphetamine |
| 1103 | Methyleneioxymethamphetamine (MDMA, Ecstasy) | 1103 | | Methyleneioxymethamphetamine (MDMA, Ecstasy) |
| 1109 | Other Amphetamines | 1109 | | Other Amphetamines |
| 1201 | Other Stimulants | 1201 | | Other Stimulants |
| 1202 | Methylphenidate - (Ritalin) | 1202 | | Methylphenidate (Ritalin) |
| 1301 | Alprazolam (Xanax) | 1301 | | Alprazolam (Xanax) |
| 1302 | Chlordiazepoxide (Librium) | 1302 | | Chlordiazepoxide Librium) |
| 1303 | Clorazepate (Tranzene) | 1303 | | Clorazepate (Tranzene) |
| 1304 | Diazepam (Valium) | 1304 | | Diazepam (Valium) |
| 1305 | Flurazepam (Dalmane) | 1305 | | Flurazepam (Dalmane) |
| 1306 | Lorazepam (Ativan) | 1306 | | Lorazepam (Ativan) |
| 1307 | Triazolam (Halcion) | 1307 | | Triazolam (Halcion) |
| 1308 | Other Benzodiazepine | 1308 | | Other Benzodiazepine |
| 1309 | Flutirazepam (Rohypnol) | 1309 | | Flutirazepam (Rohypnol) |
| 1310 | Clonazepam - (Klonopin, Rivotril) | 1310 | | Clonazepam (Klonopin, Rivotril) |
| 1401 | Meprobamate (Miltown) | 1401 | | Meprobamate |
| 1403 | Other Tranquilizer | 1403 | | Other tranquilizer |
| 1501 | Phenobarbital | 1501 | | Phenobarbital |

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| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|----------|---|------------------|-------|--|
| 1 | Detail Drug Code, Primary | ~ S01> | | Detail Drug Codes - Primary, Secondary & Tertiary (SUDS1) |
| 1502 | Secobarbital/Amobarbital (Tuinal) | 1502 | | Seconbarbital/Amobarbital (Tuinal) |
| 1503 | Secobarbital (Seconal) | 1503 | | Seconbarbital (Seconal) |
| 1509 | Other Barbiturate Sedatives | 1509 | | Other Barbituarate Sedatives |
| 1601 | Ethchlorvynol (Placidyl) | 1601 | | Ethchlorvynol (Placidyl) |
| 1602 | Glutethimide (Doriden) | 1602 | | Glutethimide Doriden) |
| 1603 | Methaqualone | 1603 | | Methaqualone |
| 1604 | Other Non-Barbiturate Sedatives | 1604 | | Other Non Barbiturate Sedatives |
| 1605 | Other Sedatives | 1605 | | Other Sedatives |
| 1701 | Aerosols | 1701 | | Aerosols |
| 1702 | Nitrites | 1702 | | Nitrites |
| 1703 | Other Inhalants | 1703 | | Other Inhalants |
| 1704 | Solvents | 1704 | | Solvents |
| 1705 | Anesthetics | 1705 | | Anesthetics |
| 1801 | Diphenhydramine | 1801 | | Diphenhydramine |
| 1809 | Other Over-The-Counter | 1809 | | Other Over-The -Counter |
| 2001 | Dephenylhydantoin/Phenytoin (Dilantin) | 2001 | | Dephenylhydantoin/Phenytoin (Dilantin) |
| 2002 | Other Drugs | 2002 | | Other Drugs |
| 2003 | GHB/GBL - (gamma-hydroxybutyrate, gamma-butyrolactone) | 2003 | | GHB/GBL (gamma-hydroxybutyrate, gamma-butyrolactone) |
| 2004 | Ketamine - (Special K) | 2004 | | Ketamine - (Special K) |

Crosswalk Report

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K = Key Field

Optional

Montana

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|----------|------------------------------------|--------|-------|--|
| 1 | Detail Drug Code, Primary | ~ S01> | | Detail Drug Codes - Primary, Secondary & Tertiary (SUDS1) |
| 9996 | Not Applicable | 9996 | | Not Applicable |
| 2 | Detail Drug Code, Secondary | ~ S01> | | Detail Drug Codes - Primary, Secondary & Tertiary (SUDS1) |
| 3 | Detail Drug Code, Tertiary | ~ S01> | | Detail Drug Codes - Primary, Secondary & Tertiary (SUDS1) |

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Optional

Montana

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|----------|----------------------------|------------------|-------|--|
| 4 | DSM Diagnosis | ~ S04> | | DSM Diagnosis (SUDS4) |
| XXX.XX | DSM/ICD codes | 303.90 | | Alcohol Dependence |
| XXX.XX | DSM/ICD codes | 304.0 | | Opioid Dependence |
| XXX.XX | DSM/ICD codes | 304.1 | | Sedative, Hypnotic, or Anxiolytic Dependence |
| XXX.XX | DSM/ICD codes | 304.2 | | Cocaine Dependence |
| XXX.XX | DSM/ICD codes | 304.3 | | Cannabis Dependence |
| XXX.XX | DSM/ICD codes | 304.4 | | Amphetamine Dependence |
| XXX.XX | DSM/ICD codes | 304.5 | | Hallucinogen Dependence |
| XXX.XX | DSM/ICD codes | 304.6 | | Pheycyclidine or Inhalant Dependence |
| XXX.XX | DSM/ICD codes | 304.8 | | Polysubstitute Dependence |
| XXX.XX | DSM/ICD codes | 304.9 | | Other or Unknown substance Dependence |
| XXX.XX | DSM/ICD codes | 305.0 | | Alcohol Abuse |
| XXX.XX | DSM/ICD codes | 305.2 | | Cannabis Abuse |
| XXX.XX | DSM/ICD codes | 305.3 | | Hallucinogen Abuse |
| XXX.XX | DSM/ICD codes | 305.4 | | Sedative, Hypnotic, or Anxiolytic Abuse |
| XXX.XX | DSM/ICD codes | 305.5 | | Opioid Abuse |
| XXX.XX | DSM/ICD codes | 305.6 | | Cocaine Abuse |
| XXX.XX | DSM/ICD codes | 305.7 | | Amphetamine Abuse |
| XXX.XX | DSM/ICD codes | 305.9 | | Pheycyclidine or Inhalant Abuse |

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Optional

Montana

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------------------------------------|---|------------|-------|--|
| 5 | Psychiatric Problem in Addition to Alcohol or Drug Problem | ~ 5 | | Psych Prob In Addition to Alc/Drug (SUDS5) no longer used |
| 1 | Yes | 1 | | Yes |
| 2 | No | 2 | | No |
| No longer effective as of: 03-31-2008 | | | | |

| | | | | |
|----------|---|------------------|--|---|
| 5 | Psychiatric Problem in Addition to Alcohol or Drug Problem | ~ S05> | | Psych Problem In Addition to Alcohol/Drug Prob (SUDS5) |
| 2 | No | NO | | No |
| 1 | Yes | YES | | Yes |

| | | | | |
|---------------------------------------|--------------------------------------|-------------|--|--|
| 6 | Pregnant at Time of Admission | ~ 21 | | Pregnant (SUDS6) no longer used |
| 1 | Yes | 1 | | Yes |
| 2 | No | 2 | | No |
| No longer effective as of: 03-31-2008 | | | | |

| | | | | |
|----------|--------------------------------------|--------------------|--|---------------------------------------|
| 6 | Pregnant at Time of Admission | ~ S06>21 | | Pregnant (SUDS6) State item 21 |
| 6 | Not Applicable | NA | | Not applicable |
| 2 | No | NO | | No |
| 1 | Yes | YES | | Yes |

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Optional

Montana

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|----------|----------------------------|--------|-------|--------------------------------|
| 7 | Veteran Status | ~ S07> | | Veterans Status (SUDS7) |
| 2 | No | | NO | No |
| 1 | Yes | | YES | Yes |

| 8 | Living Arrangements | ~ S08>20 | | Homeless (SUDS8) State item 20 |
|---------------------------------------|----------------------------|----------|---|---------------------------------------|
| 01 | Homeless | | 1 | Yes |
| 98 | Not Collected | | 2 | No |
| No longer effective as of: 03-31-2008 | | | | |

| 8 | Living Arrangements | ~ S08>20 | | Homeless (SUDS8) State item 20 |
|----------|----------------------------|----------|----------|---------------------------------------|
| 02 | Dependent Living | | DEPLVG | Dependent Living |
| 01 | Homeless | | HOMELESS | Homeless |
| 03 | Independent Living | | INDLVG | Independent Living |

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Optional

Montana

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|----------|---------------------------------|------------------|---------|---|
| 9 | Source of Income/Support | ~ S09> | | Source of Income/Support (SUDS9) |
| 04 | Disability | | DISABLE | Disability |
| 21 | None | | NONE | None |
| 20 | Other | | OTHER | Other |
| 02 | Public Assistance | | PUBASST | Public Assistance |
| 03 | Retirement/Pension | | RETIRE | Retirement/Pension |
| 01 | Wages/Salary | | SALARY | Wages/Salary |

| 10 | Health Insurance | ~ S10>19 | Health Insurance (SUDS10) State item 19 |
|-----------|--|--------------------|--|
| 02 | Blue Cross/Blue Shield | 1 | Blue Cross/Blue Shield |
| 01 | Private Insurance (other than BCBS or HMO) | 2 | Other Private Insurance, includes TriCare |
| 20 | Other (e.g. TriCare) | 5 | IHS (Indian Health Service) |
| 21 | None | 6 | None |
| 04 | Medicaid | MCD | Medicaid |
| 03 | Medicare | MCR | Medicare |

No longer effective as of: 03-31-2008

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Optional

Montana

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|--|--------------------|-------|--|
| 10 | Health Insurance | ~ S10>19 | | Health Insurance (SUDS10) State item 19 |
| 02 | Blue Cross/Blue Shield | BC/BS | | Blue Cross/Blue Shield |
| 20 | Other (e.g. TriCare) | I H S | | IHS (Indian Health Service) |
| 04 | Medicaid | MCD | | Medicaid |
| 03 | Medicare | MCR | | Medicare |
| 21 | None | NONE | | None |
| 01 | Private Insurance (other than BCBS or HMO) | PRVINS | | Other Private Insurance, includes Champus |

| Item No | Expected/Actual Primary Source of Payment | Item | Value | Expected/Actual Primary Source of Payment (SUDS11) |
|-----------|--|------------------|-------|---|
| 11 | Expected/Actual Primary Source of Payment | ~ S11> | | Expected/Actual Primary Source of Payment (SUDS11) |
| 02 | Blue Cross/Blue Shield | BC/BS | | Blue Cross/Blue Shield |
| 04 | Medicaid | MCD | | Medicaid |
| 03 | Medicare | MCR | | Medicare |
| 08 | No Charge (Free, Charity, Special Research or Teaching) | NOCHARG | | No Charge (Free, Charity, Special Research or Teaching) |
| 09 | Other | OTHER | | Other |
| 05 | Other Government Payments | OTHGOV | | Other Government Payments |
| 07 | Other Health Insurance Companies | OTHRHINS | | Other Health Insurance Companies |
| 01 | Self-Pay | SELPAY | | Self-Pay |
| 06 | Worker's Compensation | WORKCOMP | | Worker's Compensation |

Crosswalk Report

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Optional

Montana

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|---|------------------|-----------|--|
| 12 | Detailed Not in Labor Force | ~ S12> | | Detailed Not in Labor Force (SUDS12) |
| 04 | Disabled | | DISABLED | Disabled |
| 01 | Homemaker | | HOMEMKR | Homemaker |
| 05 | Inmate of Institution (Prison or Institution - keeps people out of work force) | | INMATE | Inmate of Institution (Prison or Institution - keeps people out of work force) |
| 96 | Not Applicable | | NA | Not Applicable |
| 98 | Not Collected | | NOCOLLECT | Not collected |
| 06 | Other | | OTHER | Other |
| 03 | Retired | | RETIRED | Retired |
| 02 | Student | | STUDENT | Student |

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Optional

Montana

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|--|----------|-------|---|
| 13 | Detailed Criminal Justice Referral Categories | ~ S13> | | Detailed Criminal Justice Referral (SUDS13) |
| 05 | Diversionsary Program (E.G. TASC) | DIVPGM | | Diversionsary Program (E.G. TASC) |
| 07 | DUI/DWI | DUI/DWI | | DUI/DWI |
| 02 | Other Court (Not State or Federal) | OTHCRT | | Other court (Not State or Federal) |
| 08 | Other | OTHER | | Other |
| 04 | Other Recognized Legal Entity (Local Law, Corr. Agncy, Youth Ser., Review Board | OTHLEGAL | | Other Recognized Legal Entity (Local Law, Corr. Agncy, Youth Ser. Review Board) |
| 06 | Prison | PRISON | | Prison |
| 03 | Probation/Parole | PROB | | Probation/Parole |
| 01 | State/Federal Court | STFEDCRT | | State/Federal Court |
| 96 | Not Applicable | UNKNOWN | | Unknown/Not Applicable |

| | | | | |
|-----------|--|-----------|--|--------------------------------|
| 14 | Marital Status | ~ S14> | | Marital Status (SUDS14) |
| 02 | Now Married (includes those living together as married) | MARRIED | | Married |
| 01 | Never Married | UNMARRIED | | Unmarried |

| | | | | |
|-----------|--|----------|--|---|
| 15 | Days Waiting to Enter Treatment | ~ S15>22 | | Days Waiting to Enter Treatment (SUDS15) State item 22 |
| 000-996 | Days | XXX | | Days |

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Optional

Montana

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|--|----------|-------|---|
| 16 | Number of Arrests in the 30 Days Prior to Admission | ~ S16> | | Number of Arrests in the 30 Days Prior to Admission (SUDS16) |
| 00-96 | Number of Arrests | 00-96 | | Number of Arrests |
| 97 | Unknown | 97 | | Unknown |
| 17 | Frequency of Attendance at Self-Help Programs in 30 days prior to Admission | ~ S17> | | Frequency of attendance at self-help programs (SUDS17) |
| 02 | 1-3 times in past month (less than once per week) | 1 TO 3 | | 1-3 times in past month |
| 05 | 16-30 times in past month (4 or more times per week) | 16 TO 30 | | 16-30 times in past month |
| 03 | 4-7 times in past month (about once per week) | 4 TO 7 | | 4-7 times in past month |
| 04 | 8-15 times in past month (2 or 3 times per week) | 8 TO 15 | | 8-15 times in past month |
| 01 | No Attendance in past month | NONE | | No attendance in last month |
| 06 | Some Attendance in past month, but frequency unknown | SOME | | Some attendance but frequency unknown |

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Discharge/NOMS

Montana

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------|---|----------|-------|---|
| 1 | System Transaction at Discharge | - SDS 1 | | System Transaction Type Added to Record Admission (SDS1) |
| 2 | State Code at Discharge | ~~ D02> | | State code at discharge (DIS2) |
| 3 | Reporting Date at Discharge | ~~ D03> | | Month and Year of Submission Added to Each Record (DIS3) MMYYYY |
| 4 | Provider Identifier at Discharge | ~~ D04>2 | | Program Number at Discharge (DIS4) State item 2 |
| 5 | Client Identifier at Discharge | ~~ D05>3 | | Client ID at Discharge (DIS5) State item 3 |
| 6 | Co-Dependent/Collateral at Discharge | ~~ D06>7 | | Client Status - Co-dependent/Collateral (DIS6) - not collected |

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Discharge/NOMS

Montana

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------------------------------------|--|------------|-------|--|
| 7 | Type of Service at Discharge | ~ 4 | | Type of Care at Discharge (DIS7) no longer used |
| 08 | Ambulatory Detoxification | 01 | | Detox |
| 01 | Detoxification, 24-Hour Service, Hospital Inpatient | 02 | | Inpatient Hospital |
| 02 | Detoxification, 24-Hour Service, Free Standing Residential | 03 | | Inpatient Freestanding |
| 05 | Rehabilitation/Residential - Long Term (More than 30 Days) | 04 | | Intermediate "Transitional Living" |
| 06 | Ambulatory - Intensive -Outpatient | 05 | | Day Treatment |
| 06 | Ambulatory - Intensive -Outpatient | 06 | | Intensive Outpatient |
| 07 | Ambulatory -Non Intensive -Outpatient | 07 | | Outpatient |
| 97 | Unknown | 97 | | Unknown |
| No longer effective as of: 03-31-2008 | | | | |

| 7 | Type of Service at Discharge | ~ D07>4 | | Type of Care at Discharge (DIS7) State item 4 |
|----|--|----------|--|---|
| 04 | Rehabilitation/Residential - Short Term (30 Days or Fewer) | DAYTX | | Day treatment |
| 08 | Ambulatory Detoxification | DETOX | | Detoxification |
| 03 | Rehabilitation/Residential - Hospital | INHOSP | | Inpatient hospital |
| 02 | Detoxification, 24-Hour Service, Free Standing Residential | INPFREE | | Inpatient free-standing |
| 06 | Ambulatory - Intensive -Outpatient | INTOUTP | | Intensive outpatient |
| 07 | Ambulatory -Non Intensive -Outpatient | OUTP | | Outpatient |
| 05 | Rehabilitation/Residential - Long Term (More than 30 Days) | TRANSLVG | | Intermediate (transitional living) |

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Discharge/NOMS

Montana

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|----------|-----------------------------|----------|-------|--|
| 8 | Date of Last Contact | ~~ D08>7 | | Discharge Date (Last contact) (DIS8) State item 7 MMDDYYYY |
| 9 | Date of Discharge | ~~ D08>7 | | Discharge Date (Last contact) (DIS8) State item 7 MMDDYYYY |

| 10 | Reason for Discharge, Transfer, or Discontinuance of Treatment | ~~ 10 | Reason for Discharge (DIS10) no longer used |
|---------------------------------------|---|-------|---|
| 01 | Treatment Completed | 1 | Treatment Plan Completed |
| 02 | Left Against Professional Advice | 2 | Client Left Voluntarily Before Treatment Plan Completed |
| 08 | Unknown | 3 | Client is Inaccessibale(moved, died, in prison,etc) |
| 04 | Transferred to Another Substance Abuse Treatment Program or Facility | 4 | Client Transferred to Another Care Modality |
| 03 | Ternimated by Facility | 5 | Client Left at Request of Staff |
| 04 | Transferred to Another Substance Abuse Treatment Program or Facility | 6 | Client Referred to Another Program |
| No longer effective as of: 03-31-2008 | | | |

| 10 | Reason for Discharge, Transfer, or Discontinuance of Treatment | ~~ D10>10 | Reason for Discharge (DIS10) State item 10 |
|-----------|---|-----------|---|
| 07 | Other | INACCESS | Client is inaccessible (moved, died, in prison, etc) |
| 02 | Left Against Professional Advice | LEFTOWN | Client left voluntarily before treatment plan completed |
| 03 | Ternimated by Facility | LEFTSTAFF | Client left at request of staff |
| 04 | Transferred to Another Substance Abuse Treatment Program or Facility | RFRDPGM | Client referred to another program |
| 01 | Treatment Completed | TXCOMP | Treatment plan completed |

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Discharge/NOMS

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| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|---|----------|-------|--|
| 11 | Provider Identifier at Admission | -- M01>2 | | Program Number - NDATUS (MDS1) State item 2 |
| - | Comes from admission file | | | |
| 12 | Client Identifier at Admission | -- M02>3 | | Client ID (MDS2) State item 3 |
| - | Comes from admission file | | | |
| 13 | Co-Dependent/Collateral at Admission | -- M04>7 | | Client Status (MDS4) State item 7 |
| - | Comes from admission file | | | |
| 14 | Client Transaction Type. | -- M04>7 | | Client Status (MDS4) State item 7 |
| - | Comes from admission file | | | |
| 15 | Date of Admission. | -- M05>4 | | Admission Date (MDS5) State item 4 |
| - | Comes from admission file | | | |
| 16 | Type of Service at Admission | -- 5 | | Type of Care (MDS18) no longer used |
| - | Comes from admission file | | | |

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Discharge/NOMS

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| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|----------------------------|-----------|-------|--|
| 17 | Date of Birth. | -- M08>11 | | Birth Date (MDS8) State item 11 |
| - | Comes from admission file | | | |
| 18 | Sex. | -- M09>12 | | ADMIT_GENDER (MDS9) State item 12 |
| - | Comes from admission file | | | |
| 19 | Race. | -- 13 | | Race/Ethnicity (MDS10) no longer used |
| - | Comes from admission file | | | |
| 20 | Ethnicity. | -- 13 | | Race/Ethnicity (MDS10) no longer used |
| - | Comes from admission file | | | |

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Discharge/NOMS

Montana

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|---|-------------------|-------|--|
| 21 | Substance Problem At Discharge, (Primary, Secondary, Tertiary) | ~~ D21> | | Substance Problem at Discharge (DIS21) |
| 01 | None | 01 | | None - only for secondary/tertiary |
| 02 | Alcohol | 02 | | Alcohol |
| 03 | Cocaine/Crack | 03 | | Cocaine/Crack |
| 04 | Marijuana/Hashish | 04 | | Marijuana/Hashish |
| 05 | Heroin | 05 | | Heroin |
| 06 | Non-Prescription Methadone | 06 | | Non_prescription Methadone |
| 07 | Other Opiates and Synthetics | 07 | | Other Opiates and Synthetics |
| 08 | PCP | 08 | | PCP |
| 09 | Other Hallucinogens | 09 | | Other Hallucingens |
| 10 | Methamphetamine | 10 | | Methamphetamines |
| 11 | Other Amphetamines | 11 | | Other Amphetamines |
| 12 | Other Stimulants | 12 | | Other Stimulants |
| 13 | Benzodiazepines | 13 | | Benzodiazepines |
| 14 | Other Non-Benzodiazepine Tranquilizer | 14 | | Other Non-Benzodiazepine Tranquilizer |
| 15 | Barbiturates | 15 | | Barbirturates |
| 16 | Other Non- Barbiturate Sedatives or Hypontics | 16 | | Other Non-Barbirturate Sediatives or Hypontics |
| 17 | Inhalants | 17 | | Inhalants |
| 18 | Over-The-Counter | 18 | | Over-The-Counter |

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| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|---|----------|-------|---|
| 21 | Substance Problem At Discharge, (Primary, Secondary, Tertiary) | ~~ D21> | | Substance Problem at Discharge (DIS21) |
| 20 | Other | 20 | | Other |
| 22 | Frequency of Use at Discharge (Primary, Secondary, Tertiary) | ~~ D22> | | Frequency of Use at Discharge (DIS22) |
| 03 | 1-2 Times in the Past Week | 1TO2WK | | 1-2 times in the Past Week |
| 02 | 1-3 Times in the Past Month | 1TO3PMO | | 1-3 times in the Past Month |
| 04 | 3-6 Times in the Past Week | 3TO6WK | | 3-6 times in the Past Week |
| 05 | Daily | DAILY | | Daily |
| 01 | No Use in the Past Month | NOMONTH | | No Use in the Past Month |
| 96 | Not Applicable | NONEXIST | | Not Applicable |
| 97 | Unknown | NOTAPPL | | Unknown |
| 23 | Living Arrangements at Discharge | ~~ D23> | | Living Arrangements at Discharge (DIS23) |
| 02 | Dependent Living | DEPLVG | | Dependent Living |
| 01 | Homeless | HOMELESS | | Homeless |
| 03 | Independent Living | INDLVG | | Independent Living |

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Discharge/NOMS

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| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|--|-----------|-------|---|
| 24 | Employment at Discharge | ~~ D24> | | Employment at Discharge (DIS24) |
| 01 | Full Time | FULLTIME | | Full Time |
| 04 | Not in Labor Force | NILF | | Not in Labor Force |
| 02 | Part Time | PARTTIME | | Part Time |
| 03 | Unemployed | UNEMPLOY | | Unemployed |
| 25 | Detailed Not In Labor Force at Discharge | ~~ D25> | | Detailed Not in Labor Force at Discharge (DIS25) |
| 04 | Disabled | DISABLED | | Disabled |
| 01 | Homemaker | HOMEMKR | | Homemaker |
| 05 | Inmate of Institution | INMATE | | Inmate of Institution |
| 96 | Not Applicable | NA | | Not Applicable |
| 98 | Not Collected | NOCOLLECT | | Not collected |
| 06 | Other | OTHER | | Other |
| 03 | Retired | RETIRED | | Retired |
| 02 | Student | STUDENT | | Student |
| 26 | Number of Arrests in 30 Days Prior to Discharge | ~~ D26> | | Number of Arrests in 30 Days Prior to Discharge (DIS 26) |
| 00-96 | Number of Arrests | 00-96 | | Number of arrests |
| 997 | Unknown | 97 | | Unknown |

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Discharge/NOMS

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| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|---|-------------------|--|---------------------------------------|
| 27 | Frequency of Attendance at Self-Help program in the 30 Days Prior to Discharge | ~~ D27> | Frequency of attendance at self-help programs (DIS27) | |
| 02 | 1-3 times in the past month (less than once per week) | 1 TO 3 | | 1-3 times in past month |
| 05 | 16-30 times in past month (4 or more times per week) | 16 TO 30 | | 16-30 times in past month |
| 03 | 4-7 times in the past month (about once per week) | 4 TO 7 | | 4-7 times in past month |
| 04 | 8-15 times in the past month (2-3 times per week) | 8 TO 15 | | 8-15 times in past month |
| 01 | No Attendance in past month | NONE | | No attendance in last month |
| 06 | Some attendance, but frequency unknown | SOME | | Some attendance but frequency unknown |

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report