Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	adobe pdf
Run by	OPS$PCUMMING
Report Date	05-JUL-12 11:27

Status : VA

Media ID : CEDS - NH
Start Date : 25-NOV-02
End Date :
Follow-up :

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

NH TEDS - New CEDS -11/ 2002
Version : 1

K = Key Field

System

New Hampshire

Item No	Treatment Episode Data Set	Item	Value	State System Data
1	**System Transaction Type**	-		**System Transaction Type**
A	Add	A		Add
C	Change	C		Change
D	Delete	D		Delete
K 2	**State Code**	**NH**		**FIPS Code Added To Each Record**
-	State Postal Abbreviation	-		NH
3	**Reporting Date**	-		**Month and Year of Submission Added to Each Record**
		MMYYYY		

NH TEDS - New CEDS -11/ 2002
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K = Key Field **Minimum** *New Hampshire*

Item No	Treatment Episode Data Set	Item	Value	State System Data
K 1	**Provider Identifer**	**8**		**Facility's Code Number**
K 2	**Client Identifer (Admission)**	**10/9**		**Facility's Client Identifier** (DOB, initials, gender , and part of ss#)
K 3	**Co-Dependent/Collateral**	**13**		**Client's Relationship to Abuser**
	2 No		1	Self
	1 Yes		2	Significant Other
	1 Yes		3	Child
	1 Yes		4	Parent
	No longer effective as of: 05-31-2008			
K 3	**Co-Dependent/Collateral**	**-**		**Co-dependent/collateral**
	1 Yes		1	Yes
	2 No		2	No
K 4	**Client Transaction Type**	**9/A**		**Transaction Type**
	A Admission		1	Admit
	T Transfer/Change in Service		2	Transfer
K 5	**Date of Admission**	**7**		**date of Admission** MMDDYYYY

NH TEDS - New CEDS -11/ 2002
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K = Key Field **Minimum** *New Hampshire*

Item No	Treatment Episode Data Set	Item	Value	State System Data
6	**Number of Prior Treatment Episodes**	**16/15**		**Number of Prior Treatments**
0	0 Previous Episodes	-		0
1	1 Previous Episodes	-		>5
2	2 Previous Episodes	-		>5
3	3 Previous Episodes	-		>5
4	4 Previous Episodes	-		>5
5	5 Or More Previous Episodes	-		5

No longer effective as of: 05-31-2008

6	**Number of Prior Treatment Episodes**	**-**		**No. of Prior Treatments**
1	1 Previous Episodes	0		0 Previous Episodes
0	0 Previous Episodes	1		1 Previous Episode
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
7	Unknown	7		Unknown

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K = Key Field **Minimum** *New Hampshire*

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	**Principal Source of Referral**	**29/27**		**Referral Source**
01	Individual (includes self-referral))	1		Self
02	Alcohol/Drug Abuse Provider	2		A/D Abuse Provider
03	Other Health Care Provider	3		Other Health Provider
04	School (Educational)	4		School/Educational Facility
05	Employer/EAP	5		Employer(e)
06	Other Community Referral	6		DCYF/Other Comp
07	Court/Criminal Justice/DUI/DWI	7		Court/Crimial Justice/DWI

No longer effective as of: 05-31-2008

7	**Principal Source of Referral**	-		**Principal Source of Referral**
01	Individual (includes self-referral))	01		Individual
02	Alcohol/Drug Abuse Provider	02		Alcohol/ Drug Abuse care provider
03	Other Health Care Provider	03		Other health care provider
04	School (Educational)	04		School
05	Employer/EAP	05		Employer / EPA
06	Other Community Referral	06		Other community referral
07	Court/Criminal Justice/DUI/DWI	07		Court/criminal justice referral
97	Unknown	97		Unknown

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K = Key Field **Minimum** *New Hampshire*

Item No	Treatment Episode Data Set	Item	Value	State System Data
8	**Date of Birth**	**3**		**Client's Date of Birth**
9	**Sex**	**2**		**Client's Gender**
1	Male	1		Male
2	Female	2		Female
	No longer effective as of: 05-01-2008			
9	**Sex**	**2**		**Client's Gender**
1	Male	1		Male
2	Female	2		Female
7	Unknown	7		Unknown
10	**Race**	**5**		**Client's Race**
01	Alaska Native (Aleut, Eskimo, Indian)	1		Alaskan Native
02	American Indian (Other than Alaskan Native)	2		American Native
13	Asian	3		Asian
04	Black or African American	4		Black
23	Native Hawaiians or Other Pacific Islanders	5		Pacific Islander
05	White	6		White
20	Other Single Race	7		Other
	No longer effective as of: 05-31-2008			

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K = Key Field **Minimum** *New Hampshire*

Item No	Treatment Episode Data Set	Item	Value	State System Data
10	**Race**	-		**Race**
01	Alaska Native (Aleut, Eskimo, Indian)	01		Alaskan Native
02	American Indian (Other than Alaskan Native)	02		American Indian
04	Black or African American	04		Black or African American
13	Asian	13		Asian (CEDS 03)
20	Other Single Race	20		Other
23	Native Hawaiians or Other Pacific Islanders	5		Pacific Islander (CEDS 5)
05	White	6		White (CEDS 06)
97	Unknown	97		Unknown
11	**Ethnicity**	**6**		**Client's Ethnicity**
01	Puerto Rican	1		Puerto Rican
02	Mexican	2		Mexican
03	Cuban	3		Cuban
04	Other Specific Hispanic	4		Other Specific Hispanic
05	Not of Hispanic Origin	5		Not of Hispanic Origin
06	Hispanic - Specific Origin not Specified	6		Hispanic, Origin Not Specified

No longer effective as of: 05-31-2008

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K = Key Field **Minimum** *New Hampshire*

Item No	Treatment Episode Data Set	Item	Value	State System Data
11	**Ethnicity**	**6**		**Client's Ethnicity**
01	Puerto Rican	01		Puerto Rican
02	Mexican	02		Mexican
03	Cuban	03		Cuban
04	Other Specific Hispanic	04		Other Specific Hispanic
05	Not of Hispanic Origin	05		Not of Hispanic Origin
06	Hispanic - Specific Origin not Specified	06		Hispanic, Origin Not Specified
97	Unknown	97		Unknown

12	**Education**	**22/12**		**Client's Level of Education**
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	01-11		Grade Completed
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	12		GED/High School Diploma
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	13		Some College. No degree
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	14		AA, AS, etc
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	15		BS/BA
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	16		GRAD no degree
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	17		GRAD w/ degree
00	Less Than One Grade Completed	18		None

No longer effective as of: 05-31-2008

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Item No	Treatment Episode Data Set	Item	Value	State System Data
12	**Education**	**22/12**		**Client's Level of Education**
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	01-11		Grade Completed
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	12		GED/High School Diploma
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	13		Some College. No degree
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	14		AA, AS, etc
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	15		BS/BA
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	16		GRAD no degree
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	17		GRAD w/ degree
00	Less Than One Grade Completed	18		less than one grade completed
97	Unknown	97		Unknown

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Item No	Treatment Episode Data Set	Item	Value	State System Data
13	**Employment Status**	**34/50**		**Employment**
01	Full Time	1		Full Time (>/=35 hours/wk)
02	Part Time	2		Part Time (<35 hours/wk)
03	Unemployed	3		Unemployed
04	Not in Labor Force	4		Not in Labor Force
03	Unemployed			
04	Not in Labor Force			
04	Not in Labor Force			
04	Not in Labor Force			
04	Not in Labor Force			

No longer effective as of: 05-31-2008

13	**Employment Status**	-		**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
97	Unknown	97		Unknown

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K = Key Field **Minimum** *New Hampshire*

Item No	Treatment Episode Data Set	Item	Value	State System Data
14	**Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C)**	**40/36**	**Substances**	
01	None	0101		None
02	Alcohol	0201		Alcohol
03	Cocaine, Crack	0301		Crack
04	Marijuana, Hashish (includesTHC and other Cannabis Sativa preperations)	0401		Marijuana/Hashish
01	None	0402		Not Used
05	Heroin	0501		Heroin/Morphine
06	Non-Prescription Methadone	0601		Methadone
07	Other Opiates and Synthetics	0701		Codeine
07	Other Opiates and Synthetics	0702		D-Propxyphene
07	Other Opiates and Synthetics	0703		Oxycodone
07	Other Opiates and Synthetics	0704		Meperidine HCL
07	Other Opiates and Synthetics	0705		Hydromorphone
07	Other Opiates and Synthetics	0706		Analgesic, Narcotic, Other
07	Other Opiates and Synthetics	0707		Pentaocine
08	PCP	0801		PCP or PCP Combination
09	Other Hallucinogens	0901		LSD
09	Other Hallucinogens	0902		Hallucingen, Other
10	Methamphetamine	1001		Methamphetamine/Speed

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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)**	**40/36**		**Substances**
11	Other Amphetamines	1101		Amphetamine
11	Other Amphetamines	1102		Methylenidate
11	Other Amphetamines	1103		Methylenedioxymethamphetamine (MDMA, Ecstasy)
12	Other Stimulants	1201		Stimulant, other
13	Benzodiazepines	1301		Alprazolam (Xanax)
13	Benzodiazepines	1302		Chlordiazepoxide (Libruim)
13	Benzodiazepines	1303		Clorazepate (Tranzene)
13	Benzodiazepines	1304		Diazepam (Valium)
13	Benzodiazepines	1305		Flurazepam (Dalmane)
13	Benzodiazepines	1306		Lorazepam (Ativan)
13	Benzodiazepines	1307		Triazolam (Halcion)
13	Benzodiazepines	1308		Benzodiazepine, Other
14	Other Non-Benzodiazapine Tranquilizers	1401		Meprobamate (Miltown)
14	Other Non-Benzodiazapine Tranquilizers	1403		Tranuilizer, Other
15	Barbiturates	1501		Phenobarital
15	Barbiturates	1502		Secobarbital/Ambarbital
15	Barbiturates	1503		Secobarbital (Seconal)
16	Other Non-Barbituate Sedatives or Hypnotics	1601		Ethchiorvynol (Placidyl)

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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)**	**40/36**		**Substances**
16	Other Non-Barbituate Sedatives or Hypnotics	1602		Glutethimide (Doriden)
16	Other Non-Barbituate Sedatives or Hypnotics	1603		Methaqualone
16	Other Non-Barbituate Sedatives or Hypnotics	1604		Sedative, Non-Barbituate, Other
16	Other Non-Barbituate Sedatives or Hypnotics	1605		Sedative, Other
16	Other Non-Barbituate Sedatives or Hypnotics	1606		Flunitrazepam (Rohypnol)
16	Other Non-Barbituate Sedatives or Hypnotics	1607		GHB/GBL (Gamma-Hydoxbutyrate,..)
16	Other Non-Barbituate Sedatives or Hypnotics	1608		Ketamine (Special)
16	Other Non-Barbituate Sedatives or Hypnotics	1609		Clonazepam (Klonopin, Rivotril)
17	Inhalants	1701		Aerosols
17	Inhalants	1702		Nitrites
17	Inhalants	1703		Inhalant, Other
17	Inhalants	1704		Solvents
17	Inhalants	1705		Anesthetics
18	Over-the-Counter	1801		Diphenhydramine
20	Other	2001		Diphenylhydantoin Sodium
20	Other	2002		Other Drug
97	Unknown	9997		Unknown
98	Not Collected	9998		Not Collected

No longer effective as of:

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K = Key Field **Minimum** *New Hampshire*

Item No	Treatment Episode Data Set	Item	Value	State System Data
14	**Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C)**	**40/36**	**Substances**	
		05-31-2008		

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K = Key Field **Minimum** *New Hampshire*

Item No	Treatment Episode Data Set	Item	Value	State System Data
14	**Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C)**	-		**Substance Problem**
01	None	01		None
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-Prescription Methadone
07	Other Opiates and Synthetics	07		Other Opiates And Synthetics
08	PCP	08		PCP-phencyclidine
09	Other Hallucinogens	09		Other Hallucinogens
10	Methamphetamine	10		Methamphetamine
11	Other Amphetamines	11		Other Amphetamines
12	Other Stimulants	12		Other Stimulants
13	Benzodiazepines	13		Benzodiazepine
14	Other Non-Benzodiazapine Tranquilizers	14		Other non-Benzodiazepine Tranquilizers
15	Barbiturates	15		Barbiturates
16	Other Non-Barbituate Sedatives or Hypnotics	16		Other Non-Barbiturate Sedatives or Hypnotics
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)**	-		**Substance Problem**
20	Other	20		Other
97	Unknown	97		Unknown
15	**Usual Route of Administration (Primary-15A, Secondary-15B, Tertiar-15C)**	**43/39**		**Method of Use**
01	Oral	1		Oral
02	Smoking	2		Smoked
03	Inhalation	3		Inhaled
04	Injection (IV or intramuscular)	4		Injected
20	Other	5		Other
20	Other	6		None
16	**Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C)**	**45/40**		**Frequency of Use**
01	No use in the past month	1		None in Past Month
02	1-3 times in past month	2		Monthly, 1-3 times
03	1-2 times per week	3		Weekly, 1-2 times
04	3-6 times per week	4		Weekly, 3-6 times
05	Daily	5		Daily

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Item No	Treatment Episode Data Set	Item	Value	State System Data
17	**Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)**	**46**		**Age of First Use - Not Collected**
	No longer effective as of: 08-31-2004			
17	**Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)**	**46**		**Age of First Use - Not Collected**
K 18	**Type of Services**	**-**		**Treatment event Section - FCLevelCareTreat**
08	Ambulatory Detoxification	01		Tx - Ambulatory Detoxification with Extended Monitoring
08	Ambulatory Detoxification	02		Tx - Ambulatory Detoxification without Extended Monitoring
01	Detoxification - Hospital Inpatient (Detox, 24 hour Service)	03		Tx - Medically Managed Inpatient Detoxification
02	Detoxification Free-standing Residential (Detox, 24 hour Service)	04		Tx - Residential - Clinically Managed Detoxification
05	Rehabiliation/Residential - Long-term, (more than 30 days)	05		Tx - Residential - Clinically Managed High Intensity
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	06		Tx - Residential - Clinically Managed Medium Intensity
05	Rehabiliation/Residential - Long-term, (more than 30 days)	07		Tx - Residential - Clinically Managed Low Intensity
03	Rehabilitation/Residential - Hospital (other than detox)	08		Tx - Medically Managed Intensive Inpatient Services
06	Ambulatory - Intensive Outpatient	09		Tx - Outpatient Services - Intensive
07	Ambulatory - Non-Intensive Outpatient	10		Tx - Outpatient Services
07	Ambulatory - Non-Intensive Outpatient	11		Tx - Early Intervention
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	12		Tx - Partial Hospitalization
07	Ambulatory - Non-Intensive Outpatient	13		Tx - Outpatient Methadone Maintenance

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K = Key Field

Optional

New Hampshire

Item No	Treatment Episode Data Set	Item	Value	State System Data

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K = Key Field **Optional** *New Hampshire*

Item No	Treatment Episode Data Set	Item	Value	State System Data
1	**Detail Drug Code, Primary**	**40/36**		**Substances**
9996	Not Applicable	0101		None
0201	Alcohol	0201		Alcohol
0301	Crack	0301		Crack
0302	Other Cocaine	0302		Cocaine/Other
0401	Marijuana/Hashish	0401		Marijuana/Hashish
9996	Not Applicable	0402		Not Used
0501	Heroine/Morphine	0501		Heroin/Morphine
0601	Methadone	0601		Methadone
0701	Codeine	0701		Codeine
0702	D-Propoxyphene	0702		D-Propxyphene
0703	Oxycodone (Oxycotin)	0703		Oxycodone
0704	Meperidine HCL	0704		Meperidine HCL
0705	Hydromorphone (Dilaudid)	0705		Hydromorphone
0706	Other Narcotic Analgesics	0706		Analgesic, Narcotic, Other
0707	Pentazocine (Talwin)	0707		Pentaocine
0801	PCP or PCP Combinations	0801		PCP or PCP Combination
0901	LSD	0901		LSD
0902	Other Hallucinogens	0902		Hallucingen, Other

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K = Key Field **Optional** *New Hampshire*

Item No	Treatment Episode Data Set	Item	Value	State System Data
1	**Detail Drug Code, Primary**	**40/36**		**Substances**
1001	Methamphetamine/Speed	1001		Methamphetamine/Speed
1101	Amphetamine	1101		Amphetamine
1102	Methylphenidate (Ritalin)	1102		Methylenidate
1103	Methyleneioxymethampetamine (MDMA, Ecstacy	1103		Methylenedioxymethamphetamine (MDMA, Ecstasy)
1201	Other Stimulants	1201		Stimulant, other
1301	Alprazolam (Xanax)	1301		Alprazolam (Xanax)
1302	Chlordiazepoxide (Librium)	1302		Chlordiazepoxide (Libruim)
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		Benzodiazepine, Other
1401	Meprobamate (Miltown)	1401		Meprobamate (Miltown)
1403	Other Tranquilizer	1403		Tranuilizer, Other
1501	Phenobarbital	1501		Phenobarital
1502	Secobarbital/Amobarbital (Tuinal)	1502		Secobarbital/Ambarbital
1503	Secobarbital (Seconal)	1503		Secobarbital (Seconal)
1601	Ethclorvynol (Placidyl)	1601		Ethchiorvynol (Placidyl)

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Item No	Treatment Episode Data Set	Item	Value	State System Data
1	**Detail Drug Code, Primary**	**40/36**		**Substances**
1602	Glutethimide (Doriden)	1602		Glutethimide (Doriden)
1603	Methaqualone	1603		Methaqualone
1604	Other Non-Barbiturate Sedatives	1604		Sedative, Non-Barbituate, Other
1605	Other Sedatives	1605		Sedative, Other
1606	Fluitrazepram (Rohypnol)	1606		Flunitrazepam (Rohypnol)
1607	GHB/GBL (gamma-hyroxybutyrate, gamma-butyrolactone)	1607		GHB/GBL (Gamma-Hydoxbutyrate,..)
1608	Ketamine (Special K)	1608		Ketamine (Special)
1609	Clonazepam (Klonopin, Rivotril)	1609		Clonazepam (Klonopin, Rivotril)
1701	Aerosols	1701		Aerosols
1702	Nitrites	1702		Nitrites
1703	Other Inhalants	1703		Inhalant, Other
1704	Solvents	1704		Solvents
1705	Anesthetics	1705		Anesthetics
1801	Diphenhydramine	1801		Diphenhydramine
2001	Dephenylhydantoin Sodium	2001		Diphenylhydantoin Sodium
2002	Other Drugs	2002		Other Drug
9997	Unknown	9997		Unknown
9998	Not Collected	9998		Not Collected

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Item No	Treatment Episode Data Set	Item	Value	State System Data
2	**Detail Drug Code, Secondary**	**40/36**	**Substances**	
3	**Detail Drug Code, Tertiary**	**40/36**	**Substances**	
4	**DSM Diagnosis**	**-**	**Not Collected**	
5	**Psychiatric Problem in Addition to Alcohol or Drug Problem**	**35**	**Psychiatric Severity**	
2	No	1		No Problem Identified
1	Yes	2		Mild
1	Yes	3		Moderate
1	Yes	4		Severe
	No longer effective as of: 08-31-2006			
5	**Psychiatric Problem in Addition to Alcohol or Drug Problem**	**31**	**Psychiatric Problem**	
1	Yes	1		Yes
2	No	2		No

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Item No	Treatment Episode Data Set	Item	Value	State System Data
6	**Pregnant at Time of Admission**	**24**		**Client's Pregnancy State at Intake**
1	Yes	1		Pregnant
2	No	2		Not Pregnant
	No longer effective as of: 08-01-2006			
6	**Pregnant at Time of Admission**	**20**		**Pregnancy Status**
1	Yes	1		Yes
2	No	2		No
7	**Veteran Status**	**-**		**Not Collected**
	No longer effective as of: 08-31-2006			
7	**Veteran Status**	**11**		**Veterans**
1	Yes	1		Yes
2	No	2		No
8	**Living Arrangements**	**23/22**		**Client's Living Arrangement**
01	Homeless	1		Homeless
02	Dependent Living	2		Depedent Living
03	Independent Living	3		Independent Living
02	Dependent Living	4		Controlled Environment

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Item No	Treatment Episode Data Set	Item	Value	State System Data
9	**Source of Income/Support**	**27/16**		**Client's Primary Source of Income**
21	None	1		None
01	Wages/Salary	2		Wages/Salary
02	Public Assistance	3		Unemployment
03	Retirement/Pension	4		Retirement
04	Disability	5		Disability
02	Public Assistance	6		TANF
02	Public Assistance	7		Other Assistance
20	Other	8		Other
10	**Health Insurance**	**18**		**Client's Health Insurance**
01	Private Insurance (other than BCBS or HMO)	1		Private
02	Blue Cross/Blue Shield	2		B.C. /B.S.
03	Medicare	3		Medicare
04	Medicaid	4		Medicaid
06	Health Maintenance Organization (HMO)	5		HMO
20	Other (e.g. TriCare)	6		Other
21	None	7		None

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K = Key Field **Optional** *New Hampshire*

Item No	Treatment Episode Data Set	Item	Value	State System Data
11	**Expected/Actual Primary Source of Payment**	**19**		**Payment Method**
01	Self-Pay	1		Self
02	Blue Cross/Blue Shield	2		B.C./B.S.
03	Medicare	3		Medicare
04	Medicaid	4		Medicaid
05	Other Government Payments	5		Other Government Compensation
06	Worker's Compensation	6		Worker's Compensation
07	Other Health Insurance Companies	7		Other Health Insurance
08	No Charge (Free, Charity, Special Research or Teaching)	8		No Charge

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K = Key Field **Optional** *New Hampshire*

Item No	Treatment Episode Data Set	Item	Value	State System Data
12	**Detailed Not in Labor Force**	**28/51**		**Client's Employment Status at Intake**
96	Not Applicable	1		Full Time(35+0
96	Not Applicable	2		Part Time (35-)
02	Student	3		Student
04	Disabled	4		Disabled
03	Retired	5		Rented
01	Homemaker	6		Homermaker
06	Other	7		Unemployed Looking
06	Other	8		Unemployed Not Looking
05	Inmate of Institution (Prison or Institution - keeps people out of work force)	9		Institutionalized

No longer effective as of: 08-31-2006

12	**Detailed Not in Labor Force**	**35**		**Labor Force Detail**
01	Homemaker	1		Homemaker
02	Student	2		Student
03	Retired	3		Retired
04	Disabled	4		Disabled
05	Inmate of Institution (Prison or Institution - keeps people out of work force)	5		Inmate of Institution
06	Other	6		Other
96	Not Applicable	7		Not Applicable

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K = Key Field **Optional** *New Hampshire*

Item No	Treatment Episode Data Set	Item	Value	State System Data
13	**Detailed Criminal Justice Referral Categories**	**30/28**		**C. J. Referral**
01	State/Federal Court	1		State/Federal Court
03	Probation/Parole	2		Probation/Parole
06	Prison	3		Prison
07	DUI/DWI	4		DUI/DWI
08	Other	5		Other
96	Not Applicable	6		Not Applicable
14	**Marital Status**	**21**		**Client's Maritial**
02	Now Married (includes those living together as married)	1		Married
03	Separated (legally seperated or otherwise absent becasue of marital discord))	2		Seperated
01	Never Married	3		Never Married
04	Divorced	4		Divorced
05	Widowed	5		Widowed
15	**Days Waiting to Enter Treatment**	**15/14**		**Number of Days Since Screening**
16	**Number of Arrests in the 30 Days Prior to Admission**	**38/32**		**Number of Arrests in Past 6 months**
00-96	Number of Arrests	-		enter number of times client has been arrested for any reason in the past 6 mont

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K = Key Field **Optional** *New Hampshire*

Item No	Treatment Episode Data Set	Item	Value	State System Data
17	**Frequency of Attendance at Self-Help Programs in 30 days prior to Admission**	-	**Not Collected**	

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K = Key Field **Discharge/NOMS** *New Hampshire*

Item No	Treatment Episode Data Set		Item	Value	State System Data
1	**System Transaction at Discharge**		**-**		**System Transaction Type**
	A	Add	A		Add
	C	Change	C		Change
	D	Delete	D		Delete
2	**State Code at Discharge**		**NH**		**FIPS Code Added To Each Record**
	-	State abreviation according postal codes	-		NH
3	**Reporting Date at Discharge**		**-**	MMDDDD	**Month and Year of Submission Added to Each Record**
4	**Provider Identifer at Discharge**		**8**		**Facility's Code Number**
5	**Client Identifier at Discharge**		**10/9**		**Facility's Client Identifier**
6	**Co-Dependent/Collateral at Discharge**		**13**		**Client's Relationship to Abuser**
	2	No	1		Self
	1	Yes	2		Significant Other
	1	Yes	3		Child
	1	Yes	4		Parent

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K = Key Field **Discharge/NOMS** *New Hampshire*

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	**Type of Service at Discharge**	-		**Treatment event Section - FCLevelCareTreat**
08	Ambulatory Detoxification	01		Tx - Ambulatory Detoxification with Extended Monitoring
08	Ambulatory Detoxification	02		Tx - Ambulatory Detoxification without Extended Monitoring
01	Detoxification, 24-Hour Service, Hospital Inpatient	03		Tx - Medically Managed Inpatient Detoxification
02	Detoxification, 24-Hour Service, Free Standing Residential	04		Tx - Residential - Clinically Managed Detoxification
05	Rehabilation/Residential - Long Term (More than 30 Days)	05		Tx - Residential - Clinically Managed High Intensity
04	Rehabilation/Residential - Short Term (30 Days or Fewer)	06		Tx - Residential - Clinically Managed Medium Intensity
05	Rehabilation/Residential - Long Term (More than 30 Days)	07		Tx - Residential - Clinically Managed Low Intensity
03	Rehabilation/Residential - Hospital	08		Tx - Medically Managed Intensive Inpatient Services
06	Ambulatory - Intensive -Outpatient	09		Tx - Outpatient Services - Intensive
07	Ambulatory -Non Intensive -Outpatient	10		Tx - Outpatient Services
07	Ambulatory -Non Intensive -Outpatient	11		Tx - Early Intervention
04	Rehabilation/Residential - Short Term (30 Days or Fewer)	12		Tx - Partial Hospitalization
07	Ambulatory -Non Intensive -Outpatient	13		Tx - Outpatient Methadone Maintenance
8	**Date of Last Contact**	**46/42**		**Date of Last Contact**
9	**Date of Discharge**	**47/43**		**Date of Discharge**

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K = Key Field **Discharge/NOMS** *New Hampshire*

Item No	Treatment Episode Data Set	Item	Value	State System Data
10	**Reason for Discharge, Transfer, or Discontinuance of Treatment**	**49/44**		**Reason for Discharge**
01	Treatment Completed	1		Treatment Completed
07	Other	2		Additional Services Required
03	Ternimated by Facility	3		Non Compliance w/Program
02	Left Against Professional Advice	4		Left before Completion
06	Death	5		Client Inaccessible
07	Other	6		Needs Services Not Available at This Facility
07	Other	7		Other
11	**Provider Identifier at Admission**	**8**		**Facility's Code Number**
-	Comes from admission file			
12	**Client Identifier at Admission**	**10/9**		**Facility's Client Identifier**
-	Comes from admission file			
13	**Co-Depentent/Collateral at Admission**	**13**		**Client's Relationship to Abuser**
-	Comes from admission file			

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K = Key Field **Discharge/NOMS** *New Hampshire*

Item No	Treatment Episode Data Set	Item	Value	State System Data
14	**Client Transaction Type.**	**9/A**		**Transaction Type**
	- Comes from admission file			
15	**Date of Admission.**	**7**		**date of Admission**
	- Comes from admission file			
16	**Type of Service at Admission**	**-**		**Treatment event Section - FCLevelCareTreat**
	- Comes from admission file			
17	**Date of Birth.**	**3**		**Client's Date of Birth**
	- Comes from admission file			
18	**Sex.**	**2**		**Client's Gender**
	- Comes from admission file			
19	**Race.**	**5**		**Client's Race**
	- Comes from admission file			
20	**Ethnicity.**	**6**		**Client's Ethnicity**
	- Comes from admission file			

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K = Key Field **Discharge/NOMS** *New Hampshire*

Item No	Treatment Episode Data Set	Item	Value	State System Data
21	**Substance Problem At Discharge, (Primary, Secondary, Tertiary)** - Same as codes in MDS14	**40/36**		**Substances**
22	**Frequency of Use at Discharge (Primary, Secondary, Tertiary)** - Sames as coodes in MDS16	**45/40**		**Frequency of Use**
23	**Living Arrangements at Discharge** - Codes same as in SUDS8	**50/45**		**Living Arrangements (Discharge)**
24	**Employment at Discharge** - Codes same as MDS 13 No longer effective as of: 08-01-2006	**28/51**		**Client's Employment Status at Intake**
24	**Employment at Discharge** - Codes same as MDS 13	**34/50**		**Employment**
25	**Detailed Not In Labor Force at Discharge** - Codes same as SuDS 12 No longer effective as of: 08-01-2006	**28/51**		**Client's Employment Status at Intake**

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K = Key Field **Discharge/NOMS** *New Hampshire*

Item No	Treatment Episode Data Set	Item	Value	State System Data
25	**Detailed Not In Labor Force at Discharge**	**35**		**Labor Force Detail**
	- Codes same as SuDS 12			
26	**Number of Arrests in 30 Days Prior to Discharge**	-		**Not Collected**

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report