

Crosswalk Management System

| | |
|-------------|---------------------------|
| Report | REPORT CROSSWALK TO STATE |
| Filename | adobe pdf |
| Run by | OPS\$PCUMMING |
| Report Date | 05-JUL-12 10:55 |

Crosswalk Report

RI-BHOLD - Rhode Island Behavioral Health On-Line Data
Version : 1

K = Key Field

Minimum

Rhode Island

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|------------|--------------------------------------|------|--------------------------------|---|
| K 1 | Provider Identifier | ~~ | PID | |
| | | | | I-SATS codes index table matched to the PID field |
| K 2 | Client Identifier (Admission) | ~~ | TEDSUNIQUEID | |
| | | | | 10 digits assigned by data system based on SSN, Gender, DOB combination |
| K 3 | Co-Dependent/Collateral | ++ | Field Not Collected | |
| | 2 No | 2 | | No - default value |
| K 4 | Client Transaction Type | ~~ | Client Transaction Type | |
| | A Admission | A | | New Admission |
| | T Transfer/Change in Service | T | | Transfer |
| | | | | Transfer: Within a Provider, new admission is subsequent to prior discharge with DISREASON=INTERFER, and FTRTDATE same on the discharged and newly admitted record. |
| K 5 | Date of Admission | ~~ | ADMITDATE | |
| | | | | YYYYMMDD - calculate as # of records with ADMITDATE<current record ADMITDATE and PROGRAM on these earlier records can only be: DETOXFSM, DAYTXPHP, RESIDENTST, RESIDENTLT, SAiop, SAOP, NARCMaint, or NARCDETOX. All other records should be ignored in this calculation. |

Crosswalk Report

RI-BHOLD - Rhode Island Behavioral Health On-Line Data
Version : 1

K = Key Field

Minimum

Rhode Island

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|----------|---|------|-------|---|
| 6 | Number of Prior Treatment Episodes | ~~ | | Number of Prior Treatment Episodes |
| 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 |
| 7 | Unknown | 7 | | Unknown |
| 8 | Not Collected | 8 | | Not Collected |

Crosswalk Report

RI-BHOLD - Rhode Island Behavioral Health On-Line Data
Version : 1

K = Key Field

Minimum

Rhode Island

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|----------|--------------------------------------|------------|------------------------|---|
| 7 | Principal Source of Referral | ~~ | REFERSRC | |
| 07 | Court/Criminal Justice/DUI/DWI | COURTSYS | | Court system |
| 05 | Employer/EAP | EMPLOYER | | Employer |
| 03 | Other Health Care Provider | HCPROVIDER | | Health Care Provider |
| 03 | Other Health Care Provider | HOSPITALER | | Hospital Emergency Room |
| 03 | Other Health Care Provider | MHPROVIDER | | Mental Health Care provider |
| 06 | Other Community Referral | OTHERCOMM | | Other community referral, such as religious organization, self help group |
| 02 | Alcohol/Drug Abuse Provider | SAPROVIDER | | Substance Abuse Treatment Provider |
| 04 | School (Educational) | SCHOOL | | School System |
| 01 | Individual (includes self-referral)) | SELF | | Self (includes family/friends) |
| 06 | Other Community Referral | SHELTER | | Shelter for homeless/abused |
| 06 | Other Community Referral | SOCSESV | | Federal or State social service agency |
| 97 | Unknown | UNKNOWN | | Unknown |
| 8 | Date of Birth | ~~ | DOB YYYYMMDD | |
| 9 | Sex | ~~ | Gender | |
| 2 | Female | FEMALE | | Female |
| 1 | Male | MALE | | Male |

Crosswalk Report

RI-BHOLD - Rhode Island Behavioral Health On-Line Data

Version : 1

K = Key Field

Minimum

Rhode Island

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|--|--------------|-------|--|
| 10 | Race | ~~ | | AMERNAT, ASIAN, HAWPACIF, BLACK, WHITE |
| 21 | Two or More Races | 2 or more | | 2 or more of AMERNAT, ASIAN, HAWPACIF, BLACK, or WHITE = YES |
| 02 | American Indian (Other than Alaskan Native) | AMERNAT | | AMERNAT=YES, no other Race=YES (ignore HISPANIC) |
| 13 | Asian | ASIAN | | ASIAN=YES, no other Race=YES (ignore HISPANIC) |
| 04 | Black or African American | BLACK | | BLACK=YES, no other Race=YES (ignore HISPANIC) |
| 23 | Native Hawaiians or Other Pacific Islanders | HAWPACIF | | HAWPACIF=YES, no other Race=YES (ignore HISPANIC) |
| 97 | Unknown | None of Abov | | None of AMERNAT, ASIAN, HAWPACIF, BLACK, or WHITE = YES, and at least one of the |
| 05 | White | WHITE | | WHITE=YES, no other Race=YES (ignore HISPANIC) |
| 11 | Ethnicity | ~~ | | HISPANIC |
| 05 | Not of Hispanic Origin | HISPANIC | | = No |
| 97 | Unknown | HISPANIC | | = Unknown |
| 06 | Hispanic - Specific Origin not Specified | HISPANIC | | = Yes |

RI-BHOLD - Rhode Island Behavioral Health On-Line Data
Version : 1

K = Key Field

Minimum

Rhode Island

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|--|----------|-----------------------|-------------------|
| 12 | Education | ~~ | EDUC | |
| 01-25 | Years of School(Highest Grade) (General Equivalency Degree, use 12) | 10 | SomeHS | |
| 01-25 | Years of School(Highest Grade) (General Equivalency Degree, use 12) | 12 | ComplHS | |
| 01-25 | Years of School(Highest Grade) (General Equivalency Degree, use 12) | 13 | BeyondHS | |
| 01-25 | Years of School(Highest Grade) (General Equivalency Degree, use 12) | 15 | College | |
| 01-25 | Years of School(Highest Grade) (General Equivalency Degree, use 12) | 18 | Graduate | |
| 01-25 | Years of School(Highest Grade) (General Equivalency Degree, use 12) | 4 | SomeElem | |
| 01-25 | Years of School(Highest Grade) (General Equivalency Degree, use 12) | 8 | ComplElem | |
| 00 | Less Than One Grade Completed | NEVERATT | Never attended school | |
| 97 | Unknown | UNKNOWN | Unknown | |

RI-BHOLD - Rhode Island Behavioral Health On-Line Data
Version : 1

K = Key Field

Minimum

Rhode Island

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|----------------------------|------------|---------------------------|--|
| 13 | Employment Status | ~~ | EMPSTAT/DISEMPSTAT | |
| 01 | Full Time | ARMEDFORCE | | In the armed forces |
| 04 | Not in Labor Force | DISABLED | | Disabled |
| 01 | Full Time | FULLTIME | | Work 35+ hours/week |
| 02 | Part Time | HALFTIME | | Work 20-34 hours/week |
| 04 | Not in Labor Force | HOMEMAKER | | Homemaker |
| 04 | Not in Labor Force | INRESIDENT | | Inmate/Resident of institution |
| 02 | Part Time | PARTTIME | | Work <20 hours/week |
| 04 | Not in Labor Force | RETIRED | | Retired |
| 04 | Not in Labor Force | STUDENT | | Attending high school, technical school, college, training |
| 03 | Unemployed | UNEMPLOYED | | Laid off from work or looking for work |
| 97 | Unknown | UNKNOWN | | Unknown |
| 04 | Not in Labor Force | VOLUNTEER | | meaningful community work not for pay |

RI-BHOLD - Rhode Island Behavioral Health On-Line Data

Version : 1

K = Key Field

Minimum

Rhode Island

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|---|------------|-------|--|
| 14 | Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C) | ~~ | | SUBUSE1,2,3/DISSUBUSE1,2,3 |
| 02 | Alcohol | ALCOHOL | | Alcohol |
| 15 | Barbiturates | BARBITUR | | Barbituates |
| 13 | Benzodiazepines | BENZODIAZ | | Benzodiazepine |
| 03 | Cocaine, Crack | COCAINE | | Cocaine/Crack |
| 20 | Other | ECSTASY | | Methylenedioxyamphetamine |
| 20 | Other | GHB | | Gamma-hydroxybutyrate |
| 05 | Heroin | HEROIN | | Heroin |
| 17 | Inhalants | INHALANT | | Inhalants |
| 04 | Marijuana, Hashish (includesTHC and other Cannabis Sativa preparations) | MARIJUANA | | Marijuana-Hashish |
| 06 | Non-Prescription Methadone | METHADONE | | Non-Prescription Methadone |
| 10 | Methamphetamine | METHAMP | | Methamphetamine (Ice) |
| 01 | None | NA | | None |
| 11 | Other Amphetamines | OTHERAMP | | Other amphetamines |
| 09 | Other Hallucinogens | OTHERHALL | | Other hallucinogens |
| 07 | Other Opiates and Synthetics | OTHEROPIAT | | Other opiate/synthetic |
| 16 | Other Non-Barbituate Sedatives or Hypnotics | OTHERSED | | Other Sedatives or Hypnotics |
| 12 | Other Stimulants | OTHERSTIM | | Other stimulants |
| 14 | Other Non-Benzodiazapine Tranquilizers | OTHERTRAN | | Other non-benzodiazepine tranquilizers |

RI-BHOLD - Rhode Island Behavioral Health On-Line Data
Version : 1

K = Key Field

Minimum

Rhode Island

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|---|-----------|-------|---------------------------------------|
| 14 | Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C) | ~~ | | SUBUSE1,2, 3/DISSUBUSE1,2 ,3 |
| 18 | Over-the-Counter | OVERCOUNT | | Over the counter |
| 07 | Other Opiates and Synthetics | OXYCONTIN | | Oxycontin, Oxycodone |
| 08 | PCP | PCP | | PCP |
| 20 | Other | STEROID | | Steroids |
| 97 | Unknown | UNKNOWN | | Unknown |
| 15 | Usual Route of Administration (Primary-15A, Secondary-15B, Tertiar-15C) | ~~ | | ROUTE1,2,3 |
| 03 | Inhalation | INHALE | | Inhalation |
| 04 | Injection (IV or intramuscular) | INJECT | | Injection (IV or intramuscular) |
| 96 | Not Applicable | NA | | NA |
| 01 | Oral | ORAL | | Oral |
| 20 | Other | OTHER | | Other (e.g., transdermally, rectally) |
| 02 | Smoking | SMOKE | | Smoking |
| 97 | Unknown | UNKNOWN | | Unknown |

RI-BHOLD - Rhode Island Behavioral Health On-Line Data

Version : 1

K = Key Field

Minimum

Rhode Island

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|---|---------|-------|-------------------------------------|
| 16 | Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C) | ~~ | | FREQUSE1,2,3/DISFREQUSE1,2,3 |
| 03 | 1-2 times per week | 1-2WEEK | | 1-2 times per week |
| 04 | 3-6 times per week | 3-6WEEK | | 3-6 times per week |
| 05 | Daily | DAILY | | Daily use |
| 96 | Not Applicable | NA | | Not applicable |
| 01 | No use in the past month | NONE | | No use in past month |
| 02 | 1-3 times in past month | PASTMON | | 1-3 times in past month |
| 97 | Unknown | UNKNOWN | | Unknown |

| | | | | |
|-----------|--|------|--|--|
| 17 | Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C) | ~~ | | AGEUSE1,2,3 |
| 01-95 | Indicates The Age at First Use | 1-95 | | Age at first use (96 and 97 collapsed into 95) |
| 00 | Indicates a Newborn with a substance dependency problem | 0 | | Indicates a newborn with a substance dependency problem. |
| 96 | Not Applicable | 98 | | Not applicable |
| 98 | Not Collected | 99 | | Unknown |

Crosswalk Report

RI-BHOLD - Rhode Island Behavioral Health On-Line Data
Version : 1

K = Key Field

Minimum

Rhode Island

Item No Treatment Episode Data Set

Item

Value

State System Data

| K 18 | Type of Services | ~~ | PROGRAM |
|------|--|------------|---------------------------------------|
| 03 | Rehabilitation/Residential - Hospital (other than detox) | DAYTXPHP | Day treatment/partial hospitalization |
| 02 | Detoxification Free-standing Residential (Detox, 24 hour Service) | DETOXFSM | Free standing medical inpatient detox |
| 08 | Ambulatory Detoxification | NARCDETOX | Outpatient narcotic detoxification |
| 07 | Ambulatory - Non-Intensive Outpatient | NARCMMAINT | Outpatient narcotic maintenance |
| 05 | Rehabilitation/Residential - Long-term, (more than 30 days) | RESIDENTLT | Long term residential |
| 04 | Rehabilitation/Residential - Short-term, (30 days or fewer) | RESIDENTST | Short term residential |
| 06 | Ambulatory - Intensive Outpatient | SAIOP | Intensive outpatient services |
| 07 | Ambulatory - Non-Intensive Outpatient | SAOP | Outpatient services |

No longer effective as of: 03-09-2011

RI-BHOLD - Rhode Island Behavioral Health On-Line Data
Version : 1

K = Key Field

Minimum

Rhode Island

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-------------|--|------------|----------------|--|
| K 18 | Type of Services | ~~ | PROGRAM | |
| 03 | Rehabilitation/Residential - Hospital (other than detox) | DAYTXPHP | | Day treatment/partial hospitalization |
| 02 | Detoxification Free-standing Residential (Detox, 24 hour Service) | DETOXFSM | | Free standing medical inpatient detox |
| 08 | Ambulatory Detoxification | NARCDETOX | | Outpatient narcotic detoxification |
| 07 | Ambulatory - Non-Intensive Outpatient | NARCMAINT | | Outpatient narcotic maintenance |
| 08 | Ambulatory Detoxification | OPDETOX | | Outpatient detoxification (non-narcotic) |
| 05 | Rehabilitation/Residential - Long-term, (more than 30 days) | RESIDENTLT | | Long term residential |
| 04 | Rehabilitation/Residential - Short-term, (30 days or fewer) | RESIDENTST | | Short term residential |
| 06 | Ambulatory - Intensive Outpatient | SAIOP | | Intensive outpatient services |
| 07 | Ambulatory - Non-Intensive Outpatient | SAOP | | Outpatient services |

| 19 | Opioid Replacement Therapy (Planned/ Actual)Was -Use of Methadone Planned/Actual | ~~ | Calculate based on program |
|----|--|----|----------------------------|
|----|--|----|----------------------------|

| | | | |
|---|-----|---|---|
| 1 | Yes | - | If PROGRAM = (NARCMAINT or NARCDETOX) |
| 2 | No | - | If PROGRAM <> (NARCMAINT AND NARCDETOX) |

Crosswalk Report

RI-BHOLD - Rhode Island Behavioral Health On-Line Data
Version : 1

K = Key Field

Optional

Rhode Island

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|----------|---|---------|-------|-------------------------------|
| 1 | Detail Drug Code, Primary | ++ | | Field Not Collected |
| 2 | Detail Drug Code, Secondary | ++ | | Field Not Collected |
| 3 | Detail Drug Code, Tertiary | ++ | | Field Not Collected |
| 4 | DSM Diagnosis | ~~ | | AXIS-1 |
| 999.97 | Unknown | - | | is null |
| 999.97 | Unknown | 000.00 | | Unknown |
| 999.97 | Unknown | 799.9 | | Unknown |
| 999.97 | Unknown | 799.90 | | Unknown |
| 999.97 | Unknown | v71.09 | | Unknown |
| XXX.XX | DSM/ICD codes | xxx.xx | | Codes from DSM IV |
| 5 | Psychiatric Problem in Addition to Alcohol or Drug Problem | ~~ | | COMHSA |
| 2 | No | NO | | No co-occurring MH issue |
| 7 | Unknown | UNKNOWN | | Unknown |
| 1 | Yes | YES | | Co-occurring MH and SA issues |

RI-BHOLD - Rhode Island Behavioral Health On-Line Data

Version : 1

K = Key Field

Optional

Rhode Island

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|----------|--------------------------------------|-----------|----------------|---|
| 6 | Pregnant at Time of Admission | ~~ | COPREG | |
| 6 | Not Applicable | - | | Calculate for GENDER=MALE |
| 2 | No | NO | | Not Pregnant |
| 7 | Unknown | UNKNOWN | | Unknown |
| 1 | Yes | YES | | Pregnant |
| 7 | Veteran Status | ~~ | VETSTAT | |
| 2 | No | ACTIVE | | A person who is currently on active duty in the uniformed services. |
| 2 | No | NOSERVICE | | A person who has not served in the uniformed services |
| 7 | Unknown | UNKNOWN | | Unknown |
| 1 | Yes | VETERAN | | Any person previously served on active duty in the uniformed services |

RI-BHOLD - Rhode Island Behavioral Health On-Line Data

Version : 1

K = Key Field

Optional

Rhode Island

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|---------------------------------|--------------|----------------------------|---|
| 8 | Living Arrangements | ~~ | RESARR/DISRESARR | |
| 02 | Dependent Living | ALF | | Assisted living facility |
| 02 | Dependent Living | CORRECTION | | Incarcerated in jail or correctional facility |
| 02 | Dependent Living | FOSTER | | Foster home/foster care |
| 01 | Homeless | HOMELESS | | Homeless, street/outdoors, park |
| 02 | Dependent Living | NURSING | | Nursing Home/Facility (licensned by DOH) |
| 02 | Dependent Living | OTHERINST | | Other institutional care such as VA, Psychiatric Hospital |
| 03 | Independent Living | PRIVATE, PUB | | Private resident (included subsidized and non-subsidized apartments/houses) |
| 02 | Dependent Living | RESIDENT | | Residential facility such as gorup home or supervised apartments |
| 01 | Homeless | SHELTER | | Shelter, transient, no permanent address |
| 02 | Dependent Living | SOBERHOUSE | | Sober Housing |
| 97 | Unknown | UNKNOWN | | Unknown |
| 9 | Source of Income/Support | ++ | Field Not Collected | |
| 98 | Not Collected | 98 | | Not Collected |
| 10 | Health Insurance | ++ | Field Not Collected | |
| 98 | Not Collected | 98 | | Not Collected |

RI-BHOLD - Rhode Island Behavioral Health On-Line Data

Version : 1

K = Key Field

Optional

Rhode Island

Item No Treatment Episode Data Set

Item

Value

State System Data

| 11 | Expected/Actual Primary Source of Payment | ~ | PRIPMNT |
|-----------|--|------------|--|
| 05 | Other Government Payments | DBH | Division of Behavioral Healthcare funded slot |
| 05 | Other Government Payments | DRUGCOURT | Drug Court |
| 05 | Other Government Payments | GRANT | Federal, state, or local grant to provider (does not include DBH and/or block gr |
| 04 | Medicaid | MCMEDICAID | Managed Medicaid (e.g., RIteCare, Connect Care, Rhody Health Partners) |
| 04 | Medicaid | MEDICAID | Medicaid |
| 03 | Medicare | MEDICARE | Medicare |
| 05 | Other Government Payments | MILITARY | Military healthcare such as CHAMPUS/TRICARE, VA |
| 08 | No Charge (Free, Charity, Special Research or Teaching) | NA | Not applicable, client does not have a method of payment (free care, charity, sp |
| 09 | Other | OTHER | Other (e.g., Worker's comp, Narragansett Indian Council, etc.) |
| 05 | Other Government Payments | OTHERSTATE | Other State Departments (e.g., DCYF, Education, Health, ORS) |
| 01 | Self-Pay | PERSONAL | Personal resources, self pay |
| 97 | Unknown | UNKNOWN | Unknown |

No longer effective as of: 04-19-2011

RI-BHOLD - Rhode Island Behavioral Health On-Line Data

Version : 1

K = Key Field

Optional

Rhode Island

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|--|------------|----------------|--|
| 11 | Expected/Actual Primary Source of Payment | ~~ | PRIPMNT | |
| 07 | Other Health Insurance Companies | COMMERCIAL | | Commercial health insurance (Blue Cross, Healthmate, etc.) |
| 05 | Other Government Payments | DBH | | Division of Behavioral Healthcare funded slot |
| 05 | Other Government Payments | DRUGCOURT | | Drug Court |
| 05 | Other Government Payments | GRANT | | Federal, state, or local grant to provider (does not include DBH and/or block gr |
| 04 | Medicaid | MCMEDICAID | | Managed Medicaid (e.g., RItCare, Connect Care, Rhody Health Partners) |
| 04 | Medicaid | MEDICAID | | Medicaid |
| 03 | Medicare | MEDICARE | | Medicare |
| 05 | Other Government Payments | MILITARY | | Military healthcare such as CHAMPUS/TRICARE, VA |
| 08 | No Charge (Free, Charity, Special Research or Teaching) | NA | | Not applicable, client does not have a method of payment (free care, charity, sp |
| 09 | Other | OTHER | | Other (e.g., Worker's comp, Narragansett Indian Council, etc.) |
| 05 | Other Government Payments | OTHERSTATE | | Other State Departments (e.g., DCYF, Education, Health, ORS) |
| 01 | Self-Pay | PERSONAL | | Personal resources, self pay |
| 97 | Unknown | UNKNOWN | | Unknown |

Crosswalk Report

RI-BHOLD - Rhode Island Behavioral Health On-Line Data
Version : 1

K = Key Field

Optional

Rhode Island

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|---|------------|--|-------------------|
| 12 | Detailed Not in Labor Force | ~~ | EMPSTAT/DISEMPSTAT | |
| 04 | Disabled | DISABLED | Disabled | |
| 01 | Homemaker | HOMEMAKER | Homemaker | |
| 05 | Inmate of Institution (Prison or Institution - keeps people out of work force) | INRESIDENT | Inmate/Resident of institution | |
| 03 | Retired | RETIRED | Retired | |
| 02 | Student | STUDENT | Attending high school, technical school, college, training | |
| 97 | Unknown | UNKNOWN | Unknown | |
| 06 | Other | VOLUNTEER | meaningful community work not for pay | |

RI-BHOLD - Rhode Island Behavioral Health On-Line Data
Version : 1

K = Key Field

Optional

Rhode Island

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|--|------------|-------------------|---------------------------------------|
| 13 | Detailed Criminal Justice Referral Categories | ~~ | COURTREFER | |
| 96 | Not Applicable | - | | NA, REFERSRC <> COURTSYS |
| 02 | Other Court (Not State or Federal) | ADULTDC | | Adult Drug court |
| 05 | Diversionary Program (E.G. TASC) | ADULTDIV | | Adult Diversionary program |
| 02 | Other Court (Not State or Federal) | CIVIL | | Civil court order/referral |
| 01 | State/Federal Court | COURT | | State or Federal court order/referral |
| 07 | DUI/DWI | DUIDWI | | DUI/DWI |
| 02 | Other Court (Not State or Federal) | FAMILYDC | | Family Drug court |
| 02 | Other Court (Not State or Federal) | JUVEDC | | Juvenile Drug court |
| 05 | Diversionary Program (E.G. TASC) | JUVEDIV | | Juvenile Diversionary Program |
| 08 | Other | OTHER | | Other court referral |
| 06 | Prison | PRISON | | Prison referral |
| 03 | Probation/Parole | PROBATION | | Probation or Parole order/referral |
| 97 | Unknown | UNKNOWN | | Unknown |
| 06 | Prison | YOUTH CORR | | Youth corrections referral |

RI-BHOLD - Rhode Island Behavioral Health On-Line Data
Version : 1

K = Key Field

Optional

Rhode Island

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|---|-----------|----------------------------|-------------------|
| 14 | Marital Status | ~~ | MARSTAT | |
| 02 | Now Married (includes those living together as married) | COHABIT | Cohabiting | |
| 04 | Divorced | DIVORCED | Divorced | |
| 01 | Never Married | NEVERMARR | Never Married | |
| 02 | Now Married (includes those living together as married) | NOWMARR | Now Married | |
| 03 | Separated (legally seperated or otherwise absent becasue of marital discord)) | SEPARATED | Separated | |
| 97 | Unknown | UNKNOWN | Unknown | |
| 05 | Widowed | WIDOWED | Widowed | |
| 15 | Days Waiting to Enter Treatment | ++ | Field Not Collected | |
| 998 | Not Collected | 998 | Not Collected | |
| 16 | Number of Arrests in the 30 Days Prior to Admission | ~~ | ARREST/DISARREST | |
| 00-96 | Number of Arrests | 0 | 0 | |
| 00-96 | Number of Arrests | 1-98 | 1-98 | |
| 97 | Unknown | 99 | Unknown | |

RI-BHOLD - Rhode Island Behavioral Health On-Line Data

Version : 1

K = Key Field

Optional

Rhode Island

| 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 | ~~ | | SOCCON/DISSOCCON |
| 03 | 4-7 times in past month (about once per week) | 1-2Week | | Client attended 1-2 times in past week |
| 02 | 1-3 times in past month (less than once per week) | 1-3PASTMON | | Client attended 1-3 times in past month |
| 04 | 8-15 times in past month (2 or 3 times per week) | 3-6Week | | Client attended 3-6 times in the past week |
| 05 | 16-30 times in past month (4 or more times per week) | DAILY | | Client attended daily |
| 01 | No Attendance in past month | None | | Client did not attend in past 30 days |
| 97 | Unknown | UNKNOWN | | Unknown |

RI-BHOLD - Rhode Island Behavioral Health On-Line Data
Version : 1

K = Key Field

Discharge/NOMS

Rhode Island

| 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 | ~ | | State Code |
| | - State abbreviation according postal codes | - | | RI |
| 3 | Reporting Date at Discharge | ~ | | Reporting Date |
| | | | MMYYYY | |
| 4 | Provider Identifier at Discharge | ~~ | | PID |
| | | | | I-SATS codes index table matched to PID field |
| 5 | Client Identifier at Discharge | ~~ | | TEDSUNIQUEID |
| | combination | | | 10 digit -assigned by data system based on SSN, Gender, DOB |
| 6 | Co-Dependent/Collateral at Discharge | ++ | | Field Not Collected |
| | 2 No | 2 | | No - default value |

Crosswalk Report

RI-BHOLD - Rhode Island Behavioral Health On-Line Data
Version : 1

K = Key Field

Discharge/NOMS

Rhode Island

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|---------------------------------------|--|------------|---------------------------------------|-------------------|
| 7 | Type of Service at Discharge | ~~ | PROGRAM | |
| 03 | Rehabilitation/Residential - Hospital | DAYTXPHP | Day treatment/partial hospitalization | |
| 02 | Detoxification, 24-Hour Service, Free Standing Residential | DETOXFSM | Free standing medical inpatient detox | |
| 08 | Ambulatory Detoxification | NARCDETOX | Outpatient narcotic detoxification | |
| 07 | Ambulatory -Non Intensive -Outpatient | NARCMMAINT | Outpatient narcotic maintenance | |
| 05 | Rehabilitation/Residential - Long Term (More than 30 Days) | RESIDENTLT | Long term residential | |
| 04 | Rehabilitation/Residential - Short Term (30 Days or Fewer) | RESIDENTST | Short term residential | |
| 06 | Ambulatory - Intensive -Outpatient | SAIOP | Intensive outpatient services | |
| 07 | Ambulatory -Non Intensive -Outpatient | SAOP | Outpatient services | |
| No longer effective as of: 03-09-2011 | | | | |

Crosswalk Report

RI-BHOLD - Rhode Island Behavioral Health On-Line Data
Version : 1

K = Key Field

Discharge/NOMS

Rhode Island

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|----------|--|------------|--------------------|--|
| 7 | Type of Service at Discharge | ~~ | PROGRAM | |
| 03 | Rehabilitation/Residential - Hospital | DAYTXPHP | | Day treatment/partial hospitalization |
| 02 | Detoxification, 24-Hour Service, Free Standing Residential | DETOXFSM | | Free standing medical inpatient detox |
| 08 | Ambulatory Detoxification | NARCDETOX | | Outpatient narcotic detoxification |
| 07 | Ambulatory -Non Intensive -Outpatient | NARCMMAINT | | Outpatient narcotic maintenance |
| 08 | Ambulatory Detoxification | OPDETOX | | Outpatient detoxification (non-narcotic) |
| 05 | Rehabilitation/Residential - Long Term (More than 30 Days) | RESIDENTLT | | Long term residential |
| 04 | Rehabilitation/Residential - Short Term (30 Days or Fewer) | RESIDENTST | | Short term residential |
| 06 | Ambulatory - Intensive -Outpatient | SAIOP | | Intensive outpatient services |
| 07 | Ambulatory -Non Intensive -Outpatient | SAOP | | Outpatient services |
| 8 | Date of Last Contact | ** | DISLASTDATE | |
| | | | YYYYMMDD | |
| 9 | Date of Discharge | ** | DISDATE | |
| | | | YYYYMMDD | |

RI-BHOLD - Rhode Island Behavioral Health On-Line Data
Version : 1

K = Key Field

Discharge/NOMS

Rhode Island

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|---|------------|---------------------|---|
| 10 | Reason for Discharge, Transfer, or Discontinuance of Treatment | ** | DISREASON | |
| 01 | Treatment Completed | ADDITSVR | | Discharged, additional services advised |
| 02 | Left Against Professional Advice | CLTERM | | Client discharged before completed treatment/against advice |
| 05 | Incarcerated | CORRECTION | | Discharged to corrections due to incarceration |
| 06 | Death | DEATH | | Client deceased |
| 04 | Transferred to Another Substance Abuse Treatment Program or Facility | EXTRANSFER | | External transfer to another service provider |
| 04 | Transferred to Another Substance Abuse Treatment Program or Facility | INTRANSFER | | Internal transfer within provider to another program |
| 03 | Terminated by Facility | NONCOMPL | | Discharged for other non-compliance issue |
| 03 | Terminated by Facility | NONPAY | | Discharged due to inability to pay for service |
| 01 | Treatment Completed | TXCOMPLETE | | Completed Treatment - no referral required |
| 08 | Unknown | UNKNOWN | | Unknown |
| 11 | Provider Identifier at Admission | ~~ | PID | |
| - | Comes from admission file | - | | I-SATS code |
| 12 | Client Identifier at Admission | ~~ | TEDSUNIQUEID | |
| - | Comes from admission file | | | |

Crosswalk Report

RI-BHOLD - Rhode Island Behavioral Health On-Line Data
Version : 1

K = Key Field

Discharge/NOMS

Rhode Island

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|---|------|-------|-------------------------------------|
| 13 | Co-Dependent/Collateral at Admission | ++ | | Field Not Collected |
| - | Comes from admission file | 2 | | No - default value |
| 14 | Client Transaction Type. | ~~ | | Client Transaction Type |
| - | Comes from admission file | | | |
| 15 | Date of Admission. | ~~ | | ADMITDATE |
| - | Comes from admission file | | | |
| 16 | Type of Service at Admission | ~~ | | SUBUSE1,2, 3/DISSUBUSE1,2 ,3 |
| - | Comes from admission file | | | |
| 17 | Date of Birth. | ~~ | | DOB |
| - | Comes from admission file | | | |
| 18 | Sex. | ~~ | | Gender |
| - | Comes from admission file | | | |

RI-BHOLD - Rhode Island Behavioral Health On-Line Data
Version : 1

K = Key Field

Discharge/NOMS

Rhode Island

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|---|------|-------|---|
| 19 | Race. | ~~ | | AMERNAT, ASIAN, HAWPACIF, BLACK, WHITE |
| | - Comes from admission file | | | |
| 20 | Ethnicity. | ~~ | | HISPANIC |
| | - Comes from admission file | | | |
| 21 | Substance Problem At Discharge, (Primary, Secondary, Tertiary) | ~~ | | SUBUSE1,2, 3/DISSUBUSE1,2,3 |
| | - Same as codes in MDS14 | | | |
| 22 | Frequency of Use at Discharge (Primary, Secondary, Tertiary) | ~~ | | FREQUSE1,2,3/DISFREQUSE1,2,3 |
| | - Sames as coodes in MDS16 | | | |
| 23 | Living Arrangements at Discharge | ~~ | | RESARR/DISRESARR |
| | - Codes same as in SUDS8 | | | |
| 24 | Employment at Discharge | ~~ | | EMPSTAT/DISEMPSTAT |
| | - Codes same as MDS 13 | | | |

RI-BHOLD - Rhode Island Behavioral Health On-Line Data

Version : 1

K = Key Field

Discharge/NOMS

Rhode Island

| Item No | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|---|------------|--|---------------------------|
| 25 | Detailed Not In Labor Force at Discharge | ~~ | | EMPSTAT/DISEMPSTAT |
| - | Codes same as SuDS 12 | | | |
| 26 | Number of Arrests in 30 Days Prior to Discharge | ~~ | | ARREST/DISARREST |
| 00-96 | Number of Arrests | 0 | 0 | |
| 00-96 | Number of Arrests | 1-98 | 1-98 | |
| 997 | Unknown | 99 | Unknown | |
| 27 | Frequency of Attendance at Self-Help program in the 30 Days Prior to Discharge | ~~ | | SOCCON/DISSOCCON |
| 03 | 4-7 times in the past month (about once per week) | 1-2Week | Client attended 1-2 times in past week | |
| 02 | 1-3 times in the past month (less than once per week) | 1-3PASTMON | Client attended 1-3 times in past month | |
| 04 | 8-15 times in the past month (2-3 times per week) | 3-6Week | Client attended 3-6 times in the past week | |
| 05 | 16-30 times in past month (4 or more times per week) | DAILY | Client attended daily | |
| 01 | No Attendance in past month | None | Client did not attend in past 30 days | |
| 97 | Unknown | UNKNOWN | Unknown | |

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report