

Crosswalk Management System

| | |
|-------------|---------------------------|
| Report | REPORT CROSSWALK TO STATE |
| Filename | acrobat distiller |
| Run by | OPS\$PCUMMING |
| Report Date | 03-FEB-05 02:58 |

Crosswalk Report

Status : FN Substance Abuse and Mental Health Services Administration

Media ID : OADAP-F/U

Office of Applied Studie

Start Date : 01-JAN-90

End Date :

Follow-up :

Vermont's Treatment Episode Data Set

Version : 1

K = Key Field

System

Vermont

Item

Item

No. Treatment Episode Data Set

Value

State System Data

1 System Transaction Type - Transaction Type Add to Each Record

K 2 State Code VT FIPS Code Add to Each Record

3 Reporting Date - Month and Year of Submission Add to Each Record

Crosswalk Report

Vermont's Treatment Episode Data Set
Version : 1

| K = Key Field Item No. | Treatment Episode Data Set | Minimum Item | Value | State System Data | <u>Vermont</u> |
|------------------------------|---|-----------------|--|-------------------|----------------|
| K 1 | Provider Identifier | 01 | Provider Identifier | | |
| K 2 | Client Identifier (Admission) | 02 | Client Identifier | | |
| K 3 | Co-Dependent/Collateral | 05 | Significant Other | | |
| | 1 Yes | | 1 Yes | | |
| | 2 No | | 2 No | | |
| K 4 | Client Transaction Type | 06 | Type of Transaction | | |
| | A Initial Admission | | A Initial Transaction | | |
| | T Transfer/Change in Service | | T Transfer/Change in Service | | |
| K 5 | Date of Admission | 07 | Date of Admission | | |
| 6 | Number of Prior Treatment Episodes | 08 | Number of Prior Admissions to Treatment | | |
| | 0 0 | | 0 0 | | |
| | 1 1 | | 1 1 | | |
| | 2 2 | | 2 2 | | |
| | 3 3 | | 3 3 | | |
| | 4 4 | | 4 4 | | |
| | 5 Or More | | 5 5 or more | | |

Crosswalk Report

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| K = Key Field Item | Minimum | Item | Value | State System Data | <u>Vermont</u> |
|-----------------------|--|-----------|--------------------------------------|-------------------|----------------|
| No. | Treatment Episode Data Set | | | | |
| 7 | Principal Source of Referral | 09 | Principal Source of Referral | | |
| 01 | Individual (includes self-referral) | 01 | Individual, Self, Family, and Friend | | |
| 02 | Alcohol/Drug Abuse Provider | 02 | Other Alcohol/Drug Abuse Program | | |
| 03 | Other Health Care Provider | 03 | Other Health Care Provider | | |
| 04 | School (Educational) | 04 | School (educational) | | |
| 05 | Employer/EAP | 05 | Employer/EAP | | |
| 06 | Other Community Referral | 06 | Other Community Referral | | |
| 07 | Court/Criminal Justice/DUI/DWI | 07 | Court/Criminal Justice System | | |
| 97 | Unknown | 97 | Unknown | | |
| 98 | Not Collected | 98 | Not Collected | | |
| 8 | Date of Birth | 04 | Date of Birth | | |
| 9 | Sex | 07 | Sex | | |
| 1 | Male | 1 | Male | | |
| 2 | Female | 2 | Female | | |
| 10 | Race | 11 | Race | | |
| 01 | Alaska Native (Aleut, Eskimo, Indian) | 01 | Alaskan Native | | |
| 02 | American Indian (Other than Alaskan Native) | 02 | American Indian | | |
| 03 | Asian or Pacific Islander | 03 | Asian or Pacific Islander | | |
| 04 | Black or African American | 04 | Black | | |
| 05 | White | 05 | White | | |
| 20 | Other | 20 | Other | | |
| 97 | Unknown | 97 | Unknown | | |
| 98 | Not Collected | 98 | Not Collected | | |
| 13 | Asian | | | | |
| 23 | Native Hawaiians or Other Pacific Islanders | | | | |

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Minimum

Vermont

| Item No. | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|----------------------------|-----------|------------------------|-------------------|
| 11 | Ethnicity | 12 | Ethnicity | |
| 01 | Puerto Rican | 01 | Puerto Rican | |
| 02 | Mexican | 02 | Mexican | |
| 03 | Cuban | 03 | Cuban | |
| 04 | Other Specific Hispanic | 04 | Other Hispanic | |
| 05 | Not of Hispanic Origin | 05 | Not of Hispanic Origin | |
| 97 | Unknown | 97 | Unknown | |
| 98 | Not Collected | 98 | Not Collected | |

12 Education

13 Education at Time of Admission

Crosswalk Report

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Version : 1

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Minimum

Vermont

| Item No. | Treatment Episode Data Set | Item | Value | State System Data |
|-----------|---|-----------|--|-------------------|
| 14 | Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C) | 15 | Substance Abuse Problem Codes, Primary, Secondary, Tertiary | |
| 01 | None | 01 | None | |
| 02 | Alcohol | 02 | Alcohol | |
| 03 | Cocaine, Crack | 03 | Cocaine,Crack | |
| 04 | Marijuana, Hashish (includesTHC and other Cannabis Sativa preparations) | 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 Hallucinogens | |
| 10 | Methamphetamine | 10 | Methamphetamine | |
| 11 | Other Amphetamines | 11 | Other Amphetamines | |
| 12 | Other Stimulants | 12 | Other Stimulants | |
| 13 | Benzodiazepine | 13 | Benzodiazepines | |
| 14 | Other Tranquilizers | 14 | Other Tranquilizers | |
| 15 | Barbiturates | 15 | Barbiturates | |
| 16 | Other Sedatives or Hypnotics | 16 | Other Sedatives or Hypnotics | |
| 17 | Inhalants | 17 | Inhalants | |
| 18 | Over-the-Counter | 18 | Over-the-counter | |
| 20 | Other | 19 | Other | |
| 97 | Unknown | 97 | Unknown | |

| | | | |
|-----------|--|-----------|--------------------------------------|
| 15 | Usual Route of Administration (Primary-15A, Secondary-15B, Tertiart-15C) | 16 | Usual Route of Administration |
| 01 | Oral | 01 | Oral |
| 02 | Smoking | 02 | Smoking |
| 03 | Inhalation | 03 | Inhalation |
| 04 | Injection (IV or intramuscular) | 04 | Injection (IV or Intramuscular) |
| 20 | Other | 20 | Other |

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| K = Key Field Item | Minimum | Item | Value | State System Data | <u>Vermont</u> |
|-----------------------|---|------|-----------|---|----------------|
| No. | Treatment Episode Data Set | | | | |
| 16 | Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C) | | 17 | Frequency of Use Codes | |
| 01 | No past month use | | 01 | No past month use | |
| 02 | 1-3 times in past month | | 02 | 1-3 times 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 | |
| 17 | Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C) | | 18 | Age of First Use of Alcohol Intoxication | |
| K 18 | Type of Services | | 27 | Services | |
| 01 | Hospital Inpatient (Detox, 24 hour Service) | | 01 | Hospital Inpatient Detoxification | |
| 02 | Free-standing Residential (Detox, 24 hour Service) | | 02 | Free-standing Residential (Non-hospital) Detoxification | |
| 03 | Hospital (other than detox) | | 03 | Inpatient Hospital Treatment | |
| 04 | Short-term, (30 days or fewer) | | 04 | Free-standing Residential Treatment | |
| 05 | Long-term, (more than 30 days) | | 05 | Long Term Residential Treatment (Halfway) | |
| 06 | Intensive Outpatient | | 06 | Intensive Outpatient | |
| 07 | Non-Intensive Outpatient | | 07 | Outpatient Treatment | |
| 08 | Ambulatory Detoxification | | 08 | Outpatient Detoxification | |
| 19 | Opioid Replacement Therapy (Planned or Actual)WasUse of Methadone Planned/Actual | | 28 | Use of Methadone Planned as Part of Treatment | |
| 1 | Yes | | 1 | Yes | |
| 2 | No | | 2 | No | |

Crosswalk Report

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| K = Key Field Item No. | Treatment Episode Data Set | Optional Item | Value | State System Data | <i>Vermont</i> |
|------------------------------|---|------------------|---|-------------------|----------------|
| 1 | Detail Drug Code, Primary 9998 Not Collected | - | Not Collected 9998 9998 | | |
| 2 | Detail Drug Code, Secondary | - | Not Collected | | |
| 3 | Detail Drug Code, Tertiary | - | Not Collected | | |
| 4 | DSM Diagnosis 999. Not Collected 98 | - | Not Collected 999.9 999.98 8 | | |
| 5 | Psychiatric Problem in Addition to Alcohol or Drug Problem 8 Uncollected | - | Not Collected 8 8 | | |
| 6 | Pregnant at Time of Admission 1 Yes 2 No | - | Pregnant at Time of Admission 01 Yes 02 No | | |
| 7 | Veteran Status 8 Not Collected | - | Not Collected 8 8 | | |
| 8 | Living Arrangements 01 Homeless 02 Dependent Living 03 Independent Living 97 Unknown 98 Not Collected | 35 | Homeless 01 Yes 02 Dependent Living 03 Independent Living 97 Unknown 98 Not Collected | | |

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| K = Key Field Item No. | Treatment Episode Data Set | Optional Item | Value | State System Data | <i>Vermont</i> |
|------------------------------|--|------------------|-------|---|----------------|
| 9 | Source of Income/Support | - | | Not Collected | |
| 98 | Not Collected | | 98 | 98 | |
| 10 | Health Insurance | - | | Not Collected | |
| 98 | Not Collected | | 98 | 98 | |
| 11 | Expected/Actual Primary Source of Payment | 30 | | Payment Responsibility | |
| 02 | Blue Cross/Blue Shield | | A | Blue Cross/Blue Shield | |
| 07 | Other Health Insurance Companies | | B | Other Third Party Private | |
| 05 | Other Government Payments | | C | State Subsidized | |
| 04 | Medicaid | | D | Public Third Party | |
| 09 | Other | | E | Contractural Private | |
| 09 | Other | | F | Contractural Corrections | |
| 09 | Other | | G | Contractural SRS (Social Rehabilitation Services) | |
| 09 | Other | | H | Contractural School | |
| 97 | Unknown | | I | Refused/Unknown | |
| 12 | Detailed Not in Labor Force | - | | Not Collected | |
| 98 | Not Collected | | 98 | 98 | |
| 13 | Detailed Criminal Justice Referral Categories | 33 | | DWI Treatment Mandation | |
| 07 | DUI/DWI | | 01 | Yes | |
| 98 | Not Collected | | 98 | No | |
| 14 | Marital Status | - | | Not Collected | |
| 98 | Not Collected | | 98 | 98 | |

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Version : 1

K = Key Field
Item

Optional

Vermont

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

| | | | | |
|-----------|--|---|----------------------|--|
| 15 | Days Waiting to Enter Treatment | - | Not Collected | |
| 998 | Not Collected | | 998 998 | |

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|---------------|---|----------------|--|-------------------|
| Item No. | Treatment Episode Data Set | Discharge Item | Value | State System Data |
| 104 | Provider ID (At Discharge) | 1 | Provider Id At Discharge | |
| 105 | Client Identifier - (At Discharge) | 2 | Client Identifier (Discharge) | |
| 106 | Co-Dependent/Collateral At Discharge | - | Not Collected | |
| 109 | Service at Discharge | - | Not Collected | |
| 146 | Date of Last Contact | - | Not Collected | |
| 147 | Date of Discharge | 3 | Date of Discharge | |
| 149 | Reason for Discharge , Transfer or Discontinuance of Treatment | 4 | Reason for Discharge | |
| 01 | Treatment Complete | 01 | Treatment completed | |
| 02 | Left Against Professional Advice (Drop Out) | 02 | Client left against the advice of the provider | |
| 03 | Terminated by Facility | 03 | Terminated by facility | |
| 04 | Transferred to Another Substance Abuse Treatment Program or Facility | 04 | Transferred to another substance abuse treatment program or facility | |
| 05 | Incarcerated | 05 | Incarcerated | |
| 06 | Death | 06 | Death | |
| 07 | Other | 07 | Other | |
| 08 | Unknown | 08 | Unknown | |

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REPORT CROSSWALK TO STATE

End of Report