

Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	acrobat distiller
Run by	OPS\$PCUMMING
Report Date	03-FEB-05 03:00

Crosswalk Report

Status : FN Substance Abuse and Mental Health Services Administration

Media ID : DCS458,690

Office of Applied Studie

Start Date : 01-JAN-90

End Date :

Follow-up :

Wisconsin's Treatment Episode Data Set

Version : 1

K = Key Field

System

Wisconsin

Item

Item

No. Treatment Episode Data Set

Value

State System Data

1	System Transaction Type	-	System Transaction Type Added To Each Record
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K 2	State Code	WI	FIPS Code Added To Each Record
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3	Reporting Date	-	Month And Year Of Submission Added To Each Record
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Crosswalk Report

Wisconsin's Treatment Episode Data Set
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Minimum

Wisconsin

Item No.	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	12	Referral Source	
01	Individual (includes self-referral))	01	Self	
01	Individual (includes self-referral))	02	Family, Friend, or Guardian	
02	Alcohol/Drug Abuse Provider	03	APDA Program (Alcohol and Other Drug Abuse)	
03	Other Health Care Provider	04	Hospital, Clinic, Physician, Health Agency	
04	School (Educational)	05	School, College	
07	Court/Criminal Justice/DUI/DWI	06	Court/IDP	
07	Court/Criminal Justice/DUI/DWI	07	Division of Motor Vehicles	
07	Court/Criminal Justice/DUI/DWI	08	Probation/Parole	
07	Court/Criminal Justice/DUI/DWI	09	Other Criminal Justice And Law Enforcement	
05	Employer/EAP	10	Employer (EAP)	
06	Other Community Referral	11	County Social Services	
06	Other Community Referral	12	County Human Services Department of Community Programs	
06	Other Community Referral	13	IV Drug Outreach Worker/HIV-AIDS (Milwaukee)	
06	Other Community Referral	14	Other Social Services	

8	Date of Birth	5	Birthdate
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9	Sex	6	Sex
2	Female	F	Female
1	Male	M	Male

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Treatment Episode Data Set		Minimum Item	Value	State System Data
10	Race	7	Ethnicity	
03	Asian or Pacific Islander		A	Asian or Pacific Islander
04	Black or African American		B	Black
20	Other		H	Hispanic
02	American Indian (Other than Alaskan Native)		I	American Indian
05	White		W	White
13	Asian			
23	Native Hawaiians or Other Pacific Islanders			
11	Ethnicity	-	Race	
05	Not of Hispanic Origin		A	Asian or Pacific Islander
05	Not of Hispanic Origin		B	Black
04	Other Specific Hispanic		H	Hispanic
05	Not of Hispanic Origin		I	American Indian
05	Not of Hispanic Origin		W	White
12	Education	13	Education At Time Of Admission	
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		01-11	Highest Grade Completed
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		12	High School Diploma or GED
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		14	Some College or Vocational/Technical School
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		16	Bachelors Degree
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		18	Advanced Degree

Wisconsin

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Item

Minimum
Item

Wisconsin

No.	Treatment Episode Data Set	Value	State System Data
13	Employment Status	14	Employment
01	Full Time	1	Full Time 35 or More Hours Per Week
02	Part Time	2	Part Time Less Than 35 Hours Per Week
03	Unemployed	3	Unemployed Looking For Work In The Past 30 Days
04	Not in Labor Force	4	Unemployed (Not Looking For Work In the Past 30 Days)
04	Not in Labor Force	5	Not In Labor Force

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Minimum

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Item	Item	Value	State System Data
No.	Treatment Episode Data Set		
14	Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C)	22	Substance Problem, 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/Cannabis/THC
05	Heroin	05	Heroin
06	Non-Prescription Methadone	06	Non-Prescription Methadone
07	Other Opiates and Synthetics	07	Dilaudid/Hydromorphone
07	Other Opiates and Synthetics	08	Other Opiates and Synthetics
08	PCP	09	PCP
09	Other Hallucinogens	10	LSD
09	Other Hallucinogens	11	Other Hallucinogens
10	Methamphetamine	12	Methamphetamines/ICE
11	Other Amphetamines	13	Other Amphetamines
12	Other Stimulants	14	Other Stimulants
13	Benzodiazepine	15	Benzodiazepines
14	Other Tranquilizers	16	Other Tranquilizers
15	Barbiturates	17	Barbiturates
16	Other Sedatives or Hypnotics	18	Other Non-Barbiturate Sedatives or Hypnotics
17	Inhalants	19	Inhalants
18	Over-the-Counter	20	Over The Counter
20	Other	21	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)	23		Usual Route of Administration
01	Oral		1	Oral
02	Smoking		2	Smoking
03	Inhalation		3	Inhalation
04	Injection (IV or intramuscular)		4	Injection (IV or Intramuscular)
20	Other		5	Other
16	Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C)	24		Use Frequency
01	No past month use		1	No Use in Past Month
02	1-3 times in past month		2	1-3 Times In Past Month (Less Often Than Once A Week)
03	1-2 times per week		3	1-2 Times Per Week
04	3-6 times per week		4	3-6 Times Per Week
05	Daily		5	Daily
17	Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)	25		Age of First Drug Use or Alcohol Intoxication

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
K 18	Type of Services	26	Standard Program Category/Subprogram	
03	Hospital (other than detox)		50310	Hospital Based Inpatient
04	Short-term, (30 days or fewer)		50320	Hospital Affiliated Inpatient CBRF
04	Short-term, (30 days or fewer)		50330	Non Affiliated Inpatient CBRF
05	Long-term, (more than 30 days)		504	Child Care Institution
05	Long-term, (more than 30 days)		506	CBRF License, Not Inpatient Certified
07	Non-Intensive Outpatient		50710	Outpatient
01	Hospital Inpatient (Detox, 24 hour Service)		703	Hospital Detox
06	Intensive Outpatient		704	Day Treatment Medical
02	Free-standing Residential (Detox, 24 hour Service)		705	Social Setting Detoxification
06	Intensive Outpatient		706	Day Center Services Non-Medical
No longer effective as of: 12-31-2002				

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K = Key Field
Item
No. Treatment Episode Data Set **Minimum** Item **Value** State System Data *Wisconsin*

K 18	Type of Services	26	Standard Program Category/Subprogram
03	Hospital (other than detox)	50310	Hospital Based Inpatient
04	Short-term, (30 days or fewer)	50320	Hospital Affiliated Inpatient CBRF
04	Short-term, (30 days or fewer)	50330	Non Affiliated Inpatient CBRF
03	Hospital (other than detox)	50350	Medically Managed Inpatient Treatment
04	Short-term, (30 days or fewer)	50360	Medically Monitored Residential Treatment
05	Long-term, (more than 30 days)	504	Child Care Institution
05	Long-term, (more than 30 days)	506	CBRF License, Not Inpatient Certified
07	Non-Intensive Outpatient	50700	Outpatient Regular
06	Intensive Outpatient	50705	Intensive Outpatient Individual
07	Non-Intensive Outpatient	50710	Outpatient
07	Non-Intensive Outpatient	50730	Outpatient Group
06	Intensive Outpatient	50735	Outpatient Group Intensive
01	Hospital Inpatient (Detox, 24 hour Service)	703	Hospital Detox
06	Intensive Outpatient	704	Day Treatment Medical
06	Intensive Outpatient	70410	Day Treatment
02	Free-standing Residential (Detox, 24 hour Service)	705	Social Setting Detoxification
06	Intensive Outpatient	706	Day Center Services Non-Medical

19 Opioid Replacement Therapy (Planned or Actual)WasUse of Methadone Planned/Actual - -
No longer effective as of: 12-31-2002

19	Opioid Replacement Therapy (Planned or Actual)WasUse of Methadone Planned/Actual	26	Standard Program Category/Subprogram
2	No	-	All non 50775 codes
1	Yes	50775	Narcotic Treatment

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K = Key Field Item No.	Treatment Episode Data Set	Optional Item	Value	State System Data	<i>Wisconsin</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 2 No 1 Yes	16	Pregnant At Time Of Current Service N No Y Yes		
7	Veteran Status 8 Not Collected	-	Not Collected 8 8		
8	Living Arrangements 98 Not Collected	-	Not Collected 98 98		
9	Source of Income/Support 98 Not Collected	-	Not Collected 98 98		

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Optional

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
10	Health Insurance	-	Not Collected	
98	Not Collected		98	98
11	Expected/Actual Primary Source of Payment	-	Not Collected	
98	Not Collected		98	98
12	Detailed Not in Labor Force	-	Not Collected	
98	Not Collected		98	98
13	Detailed Criminal Justice Referral Categories	-	Not Collected	
98	Not Collected		98	98
14	Marital Status	-	Not Collected	
98	Not Collected		98	98
15	Days Waiting to Enter Treatment	-	Not Collected	
998	Not Collected		998	998

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K = Key Field Item No.	Treatment Episode Data Set	Discharge Item	Value	State System Data	<u>Wisconsin</u>
104	Provider ID (At Discharge)	~		Discharge Not Yet Collected	
105	Client Identifier - (At Discharge)	~		Discharge Not Yet Collected	
106	Co-Dependent/Collateral At Discharge	~		Discharge Not Yet Collected	
109	Service at Discharge	~		Discharge Not Yet Collected	
	01 Hospital Inpatient				
	02 Free-Standing Residential				
	03 Hospital (Other than Detox)				
	04 Short-Term, <=30 days				
	05 Long-Term, >30 days				
	06 Intensive Outpatient				
	07 Outpatient				
	08 Detoxification				
	97 Unknown				
146	Date of Last Contact	~		Discharge Not Yet Collected	
147	Date of Discharge	~		Discharge Not Yet Collected	

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Discharge

Wisconsin

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

149	Reason for Discharge , Transfer or Discontinuance of Treatment	~	Discharge Not Yet Collected
01	Treatment Complete		
02	Left Against Professional Advice (Drop Out)		
03	Terminated by Facility		
04	Transferred to Another Substance Abuse Treatment Program or Facility		
05	Incarcerated		
06	Death		
07	Other		
08	Unknown		
14	Transferred to another substance abuse treatment program/facility, didn't report		
98	Not Collected		

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report