

ATTACHMENT 4

TEDS Discharge Data Dictionary

With

National Outcome Measures (NOMS)

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Attachment 4.1

TEDS Discharge Data Items and Definitions

ATTACHMENT 4.1 - TEDS DISCHARGE DATA

The discharge record is a client specific record that contains System Data Elements (information needed to process the record), Discharge Data Elements (data items about the discharge event), Corresponding Admission Data Elements (data items from the admission that corresponds to the discharge), and National Outcome Measures (NOMS) (data items specified for NOMS data collection). This data dictionary contains detailed information about these data items including the item definitions, acceptable item categories and coding structure, and guidelines for collecting and reporting the data to TEDS. (Note that the definitions for the corresponding admissions items are the same as those used for the TEDS admissions data as provided in the *Treatment Episode Data Set State Instruction Manual - Admission Data*).

(The complete TEDS State Instruction Manual for Discharges is available for download at http://www.dasis.samhsa.gov/dasis2/manuals/teds_manual.PDF).

NATIONAL OUTCOMES MEASURES (NOMS)

The NOMS data elements will be reported in TEDS by States that are participating in the State Outcomes Measurement and Management System (SOMMS) subcontracts. Participation in SOMMS includes reporting all of the following data elements in the TEDS discharge record, including:

- All System Data Set items;
- All Discharge Data Set items, including a state-wide unique client identifier to be implemented by the end of FY 2007;
- All designated items from the admissions data set; and
- The 10 highlighted NOMS discharge items, which are the new NOMS outcomes measures.

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SYSTEM TRANSACTION TYPE

DIS 1

DESCRIPTION: DESIGNATES WHETHER THE RECORD ADDS INFORMATION TO THE TEDS DATABASE, CHANGES AN EXISTING RECORD IN THE DATABASE, OR DELETES AN EXISTING RECORD IN THE DATABASE.

VALID ENTRIES **A** **(ADD)**
 C **(CHANGE)**
 D **(DELETE)**

AN INVALID ENTRY IN THIS FIELD IS AUTOMATICALLY CHANGED TO "A."

GUIDELINES: CORRECTIONS AND OTHER CHANGES TO A RECORD IN THE TEDS DATABASE CAN BE ACCOMPLISHED BY SUBMITTING A "CHANGE" (C) RECORD OR BY SUBMITTING A DELETE (D) RECORD ALONG WITH AN ADD (A) RECORD TO REPLACE THE DELETED RECORD.

STATES SUBMITTING NOMS DATA UNDER SOMMS SUBCONTRACTS SHOULD USE THE "CHANGE"(C) PROCESS TO MAKE DATA CORRECTIONS WHEN POSSIBLE.

OTHER FIELDS: NONE

FIELD LENGTH: 1

ASCII FORMAT INFORMATION:

FIELD: 1
DATA TYPE: ALPHANUMERIC
BEGIN COLUMN: 1
END COLUMN: 1

STATE CODE - (KEY FIELD)

DIS 2

DESCRIPTION: IDENTIFIES THE STATE SUBMITTING THE RECORD.

VALID ENTRIES: **THE VALID FIPS TWO-LETTER STATE CODE FOR THE SUBMITTING STATE.**
AN INVALID ENTRY IN THIS FIELD AUTOMATICALLY CAUSES RECORD TO FAIL.

OTHER FIELDS: NONE

FIELD LENGTH: 2

ASCII FORMAT INFORMATION:

FIELD:	2
DATA TYPE:	ALPHANUMERIC
BEGIN COLUMN:	2
END COLUMN:	3

REPORTING DATE

DIS 3

DESCRIPTION: THE MONTH AND YEAR THAT THE DATA ARE SUBMITTED.

VALID ENTRIES: **MMYYYY**

IDENTIFIES THE MONTH AND YEAR THE RECORDS ARE SUBMITTED TO THE CONTRACTOR. EVERY RECORD IN A STATE SUBMISSION MUST CONTAIN THE SAME DATE OF SUBMISSION.

OTHER FIELDS: NONE

FIELD LENGTH: 6

ASCII FORMAT INFORMATION:

FIELD:	3
DATA TYPE:	NUMERIC
BEGIN COLUMN:	4
END COLUMN:	9

PROVIDER IDENTIFIER - (KEY FIELD)

DIS 4

DESCRIPTION: IDENTIFIES THE PROVIDER OF THE ALCOHOL OR DRUG TREATMENT SERVICE AT TIME OF DISCHARGE.

VALID ENTRIES: ENTRY MUST CONTAIN A VALID PROVIDER ID THAT MATCHES THE STATE ID IN SAMHSA'S I-SATS.
IF THIS FIELD IS BLANK, THE RECORD WILL NOT BE PROCESSED.

OTHER FIELDS: NONE

FIELD LENGTH: 15

ASCII FORMAT INFORMATION:

FIELD: 4
DATA TYPE: ALPHANUMERIC (LEFT-JUSTIFIED AND FILLED WITH BLANK SPACES)
BEGIN COLUMN: 10
END COLUMN: 24

CLIENT IDENTIFIER - (KEY FIELD)

DIS 5

DESCRIPTION: A "CLIENT" IS A PERSON WHO MEETS ALL OF THE FOLLOWING CRITERIA:

1. HAS AN ALCOHOL OR DRUG RELATED PROBLEM, OR IS BEING TREATED AS A CO-DEPENDENT .
2. HAS COMPLETED THE SCREENING AND INTAKE PROCESS.
3. HAS BEEN FORMALLY ADMITTED FOR TREATMENT OR RECOVERY SERVICE IN AN ALCOHOL OR DRUG TREATMENT UNIT .
4. HAS HIS OR HER OWN CLIENT RECORD .

(A PERSON IS NOT A CLIENT IF HE OR SHE HAS ONLY COMPLETED A SCREENING OR INTAKE PROCESS OR HAS BEEN PLACED ON A WAITING LIST).

OTHER CONSIDERATIONS:

- **PARTICIPATION IN SOMMS STATE SUBCONTRACTS WILL REQUIRE THAT, BY THE END OF FY 2007, THE STATE'S CLIENT ID BE UNIQUE WITHIN THE STATE AND BE USED EACH TIME THE CLIENT RECEIVES SUBSTANCE ABUSE TREATMENT SERVICES , REGARDLESS OF PROVIDER.**
- IDENTIFIER MUST NOT BE REASSIGNED TO ANOTHER CLIENT .
- IDENTIFIER CAN BE MEANINGLESS.
- RESPONSIBILITY FOR ASSIGNING THE IDENTIFIER BELONGS TO THE STATE.
- IDENTIFIER MUST ENSURE CONFIDENTIALITY OF CLIENT RECORDS.

VALID ENTRIES: AN IDENTIFIER OF FROM 1 TO 15 ALPHANUMERIC CHARACTERS THAT IS UNIQUE WITHIN THE STATE FOR NOMS PARTICIPATION. FOR STATES NOT PARTICIPATING IN NOMS, AT A MINIMUM, MUST BE UNIQUE WITHIN THE PROVIDER. IF THE FIELD IS BLANK, THE RECORD WILL NOT BE PROCESSED.

OTHER FIELDS: NONE.

FIELD LENGTH: 15

ASCII FORMAT INFORMATION:

FIELD: 5
DATA TYPE: ALPHANUMERIC (LEFT-JUSTIFIED AND FILLED WITH BLANK SPACES)
BEGIN COLUMN: 25
END COLUMN: 39

DESCRIPTION A CO-DEPENDENT/COLLATERAL IS A PERSON WHO HAS NO ALCOHOL OR DRUG ABUSE PROBLEM, BUT :

1. IS SEEKING SERVICES BECAUSE OF PROBLEMS ARISING FROM HIS OR HER RELATIONSHIP WITH AN ALCOHOL OR DRUG USER.
2. HAS BEEN FORMALLY ADMITTED FOR SERVICE TO A TREATMENT UNIT .
3. HAS HIS OR HER OWN CLIENT RECORD OR HAS A RECORD WITHIN A PRIMARY CLIENT RECORD.

VALID ENTRIES: 1 YES
2 NO

THE RECORD WILL NOT BE PROCESSED IF THIS FIELD CONTAINS AN INVALID VALUE.

GUIDELINE: IF THE STATE OPTS TO REPORT CO-DEPENDENT INFORMATION, THE MANDATORY FIELDS ARE THE SAME AS FOR A DISCHARGE CLIENT .

OTHER CONSIDERATIONS :

IF A CLIENT WITH AN EXISTING RECORD IN THE TEDS BECOMES A CO-DEPENDENT , A NEW CLIENT RECORD SHOULD BE SUBMITTED INDICATING THAT THE CLIENT IS AN "INITIAL ADMISSION" AS A CO-DEPENDENT . THE REVERSE IS ALSO TRUE FOR A PERSON WHO IS A CO-DEPENDENT FIRST AND THEN BECOMES A CLIENT .

OTHER FIELDS: NONE

FIELD LENGTH: 1

ASCII FORMAT INFORMATION:

FIELD: 6
DATA TYPE: NUMERIC
BEGIN COLUMN: 40
END COLUMN: 40

TYPE OF SERVICE AT DISCHARGE

DIS 7

DESCRIPTION: DESCRIBES THE TYPE OF SERVICE THE CLIENT WAS RECEIVING PRIOR TO DISCHARGE.

- VALID ENTRIES:
- 01 **DETOXIFICATION, 24-HOUR SERVICE, HOSPITAL INPATIENT**
24 HOUR PER DAY MEDICAL ACUTE CARE SERVICES IN HOSPITAL SETTING FOR DETOXIFICATION FOR PERSONS WITH SEVERE MEDICAL COMPLICATIONS ASSOCIATED WITH WITHDRAWAL.
 - 02 **DETOXIFICATION, 24 HOUR SERVICE, FREE-STANDING RESIDENTIAL**
24 HOUR PER DAY SERVICES IN NON-HOSPITAL SETTING PROVIDING FOR SAFE WITHDRAWAL AND TRANSITION TO ONGOING TREATMENT .
 - 03 **REHABILITATION/RESIDENTIAL—HOSPITAL (OTHER THAN DETOXIFICATION) - 24 HOUR PER DAY MEDICAL CARE IN A HOSPITAL FACILITY IN CONJUNCTION WITH TREATMENT SERVICES FOR ALCOHOL AND OTHER DRUG ABUSE AND DEPENDENCY.**
 - 04 **REHABILITATION/RESIDENTIAL—SHORT TERM (30 DAYS OR FEWER)**
TYPICALLY, 30 DAYS OR LESS OF NON-ACUTE CARE IN A SETTING WITH TREATMENT SERVICES FOR ALCOHOL AND OTHER DRUG ABUSE AND DEPENDENCY.
 - 05 **REHABILITATION/RESIDENTIAL—LONG TERM (MORE THAN 30 DAYS)**
TYPICALLY, MORE THAN 30 DAYS OF NON-ACUTE CARE IN A SETTING WITH TREATMENT SERVICES FOR ALCOHOL AND OTHER DRUG ABUSE AND DEPENDENCY; THIS MAY INCLUDE TRANSITIONAL LIVING ARRANGEMENTS SUCH AS HALFWAY HOUSES.
 - 06 **AMBULATORY—INTENSIVE-OUTPATIENT-**
AS A MINIMUM, THE CLIENT MUST RECEIVE TREATMENT LASTING TWO OR MORE HOURS PER DAY FOR THREE OR MORE DAYS PER WEEK. (INCLUDES PARTIAL HOSPITALIZATION)
 - 07 **AMBULATORY—NON-INTENSIVE OUTPATIENT-**
AMBULATORY TREATMENT SERVICES INCLUDING INDIVIDUAL, FAMILY AND OR GROUP SERVICES; THESE MAY INCLUDE PHARMACOLOGICAL THERAPIES.
 - 08 **AMBULATORY—DETOXIFICATION -**
OUTPATIENT TREATMENT SERVICES PROVIDING FOR SAFE WITHDRAWAL IN AN AMBULATORY SETTING (PHARMACOLOGICAL OR NON-PHARMACOLOGICAL).
 - 09 **UNKNOWN --** USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS INFORMATION IS NOT KNOWN.

OTHER FIELDS: NONE.

FIELD LENGTH: 2

ASCII FORMAT INFORMATION:

FIELD: 7
DATA TYPE: NUMERIC
BEGIN COLUMN: 41
END COLUMN: 42

DATE OF LAST CONTACT

DIS 8

DESCRIPTION: THE DAY WHEN THE CLIENT IS LAST SEEN FOR A TREATMENT. THE DATE MAY BE THE SAME DATE AS THE DATE OF DISCHARGE. IN THE EVENT OF A CHANGE OF SERVICE OR PROVIDER WITHIN AN EPISODE OF TREATMENT, IT IS THE DATE THE CLIENT TRANSFERRED TO ANOTHER SERVICE OR PROVIDER.

VALID ENTRIES: **MMDDYYYY**

THE RECORD MUST HAVE A VALID DATE. MM MUST BE 01 THROUGH 12 AND DD MUST BE 01 THROUGH 31. YYYY MUST BE 1997 OR LATER.

OTHER FIELDS: NONE.

FIELD LENGTH: 8

ASCII FORMAT INFORMATION:

FIELD:	8
DATA TYPE:	NUMERIC
BEGIN COLUMN:	43
END COLUMN:	50

DATE OF DISCHARGE - (KEY FIELD)

DIS 9

DESCRIPTION: SPECIFIES THE MONTH, DAY AND YEAR WHEN THE CLIENT WAS FORMALLY DISCHARGED FROM THE TREATMENT FACILITY OR SERVICE. THE DATE MAY BE THE SAME AS DATE OF LAST CONTACT . IN THE EVENT OF A CHANGE OF SERVICE OR PROVIDER WITHIN AN EPISODE OF TREATMENT , IT IS THE DATE THE SERVICE TERMINATED OR THE DATE THE TREATMENT ENDED AT A PARTICULAR PROVIDER.

VALID ENTRIES: **MMDDYYYY**

THE RECORD MUST HAVE A VALID DATE. MM MUST BE 01 THROUGH 12 AND DD MUST BE 01 THROUGH 31. YYYY MUST BE 1997 OR LATER.

OTHER FIELDS: NONE.

FIELD LENGTH: 8

ASCII FORMAT INFORMATION:

FIELD: 9
DATA TYPE: NUMERIC
BEGIN COLUMN: 51
END COLUMN: 58

REASON FOR DISCHARGE, TRANSFER, OR DISCONTINUANCE OF TREATMENT DIS 10

DESCRIPTION: INDICATES THE OUTCOME OF TREATMENT OR THE REASON FOR TRANSFER OR DISCONTINUANCE OF TREATMENT

- VALID ENTRIES:
- 01 **TREATMENT COMPLETED**
 - 02 **LEFT AGAINST PROFESSIONAL ADVICE(DROPPED OUT)**
 - 03 **TERMINATED BY FACILITY**
 - 04 **TRANSFERRED TO ANOTHER SUBSTANCE ABUSE TREATMENT PROGRAM OR FACILITY.** THIS CODE IS TO BE USED FOR ALL CLIENTS WHO HAVE A CHANGE OF SERVICE OR PROVIDER WITHIN AN EPISODE OF TREATMENT , EXCEPT WHEN IT IS KNOWN THAT THE CLIENT DID NOT REPORT TO THE NEXT PROGRAM.
 - 14 **TRANSFERRED TO ANOTHER SUBSTANCE ABUSE TREATMENT PROGRAM OR FACILITY , BUT DID NOT REPORT.** THIS CODE IS TO BE USED FOR ALL CLIENTS WHO HAVE A CHANGE OF SERVICE OR PROVIDER WITHIN AN EPISODE OF TREATMENT , BUT WHO ARE KNOWN NOT TO HAVE REPORTED TO THE NEXT PROGRAM.
 - 05 **INCARCERATED** -THIS CODE IS TO BE USED FOR ALL CLIENTS WHOSE COURSE OF TREATMENT IS TERMINATED BECAUSE T HE CLIENT HAS BEEN INCARCERATED.
 - 06 **DEATH**
 - 07 **OTHER**
 - 08 **UNKNOWN**

GUIDELINES:

CODE	CATEGORY	Comments/Guidelines
01	TREATMENT COMPLETED	ALL PARTS OF THE TREATMENT PLAN OR PROGRAM WERE COMPLETED.
02	LEFT AGAINST PROFESSIONAL ADVICE (DROPPED OUT)	CLIENT CHOSE NOT TO COMPLETE TREATMENT PROGRAM, WITH OR WITHOUT SPECIFIC ADVICE TO CONTINUE TREATMENT. INCLUDES CLIENTS WHO DROPPED OUT FOR UNKNOWN REASON.
03	TERMINATED BY FACILITY	TREATMENT TERMINATED BY ACTION OF FACILITY (NOT BECAUSE CLIENT DROPPED OUT OF TREATMENT, OR CLIENT INCARCERATED OR OTHER CLIENT REASON)
04	TRANSFERRED TO ANOTHER SUBSTANCE ABUSE TREATMENT PROGRAM OR FACILITY	CLIENT WAS TRANSFERRED TO ANOTHER SUBSTANCE ABUSE TREATMENT PROGRAM, PROVIDER OR FACILITY , AND REPORTED OR IT IS NOT KNOWN WHETHER CLIENT REPORTED
14	TRANSFERRED TO ANOTHER SUBSTANCE ABUSE TREATMENT PROGRAM OR FACILITY , BUT DID NOT REPORT	CLIENT WAS TRANSFERRED TO ANOTHER SUBSTANCE ABUSE TREATMENT PROGRAM, PROVIDER OR FACILITY , AND IT IS KNOWN THAT CLIENT DID NOT REPORT.
05	INCARCERATED	JAIL, PRISON, HOUSE CONFINEMENT
06	DEATH	SELF EXPLANATORY
07	OTHER	E.G. MOVED, ILLNESS, HOSPITALIZATION, OR OTHER REASON SOME WHAT OUT OF CLIENT'S CONTROL
08	UNKNOWN	CLIENT STATUS AT DISCHARGE NOT KNOWN, E.G. RECORD INCOMPLETE OR LOST

OTHER FIELDS: NONE.

FIELD LENGTH: 2

ASCII FORMAT INFORMATION:

FIELD: 10
 DATA TYPE: NUMERIC
 BEGIN COLUMN: 59
 END COLUMN: 60

PROVIDER IDENTIFIER AT ADMISSION

DIS 11

DESCRIPTION: IDENTIFIES THE PROVIDER OF THE ALCOHOL OR DRUG TREATMENT SERVICE AT TIME OF ADMISSION. THIS NUMBER WILL USUALLY BE THE SAME AS THE ENTRY IN DIS 4 (PROVIDER ID AT DISCHARGE), BUT MAY BE DIFFERENT. EVEN IF THE SAME, IT MUST BE ENTERED IN BOTH FIELDS DIS 4 AND DIS 11.

VALID ENTRIES: ENTRY MUST CONTAIN A VALID PROVIDER ID THAT MATCHES THE STATE ID IN SAMHSA'S I-SATS.

OTHER FIELDS: NONE

FIELD LENGTH: 15

ASCII FORMAT INFORMATION:

FIELD:	11
DATA TYPE:	ALPHANUMERIC (LEFT-JUSTIFIED AND FILLED WITH BLANK SPACES)
BEGIN COLUMN:	61
END COLUMN:	75

CLIENT IDENTIFIER AT ADMISSION

DIS 12

DESCRIPTION: A "CLIENT" IS DEFINED IN DIS 5 ABOVE. THIS NUMBER SHOULD BE THE SAME AS THE ENTRY IN DIS 5 (CLIENT ID AT DISCHARGE) WHEN CLIENT ID IS UNIQUE WITHIN THE STATE.

OTHER CONSIDERATIONS:

- **PARTICIPATION IN SOMMS STATE SUBCONTRACTS WILL REQUIRE THAT, BY THE END OF FY 2007, THE STATE'S CLIENT ID BE UNIQUE WITHIN THE STATE AND BE USED EACH TIME THE CLIENT RECEIVES SUBSTANCE ABUSE TREATMENT SERVICES, REGARDLESS OF PROVIDER.**
- IDENTIFIER MUST NOT BE REASSIGNED TO ANOTHER CLIENT.
- IDENTIFIER CAN BE MEANINGLESS.
- RESPONSIBILITY FOR ASSIGNING THE IDENTIFIER BELONGS TO THE STATE.
- IDENTIFIER MUST ENSURE CONFIDENTIALITY OF CLIENT RECORDS.

VALID ENTRIES: AN IDENTIFIER OF FROM 1 TO 15 ALPHANUMERIC CHARACTERS THAT IS UNIQUE WITHIN THE STATE FOR NOMS PARTICIPATION AND, FOR STATES NOT PARTICIPATING IN NOMS, AT A MINIMUM, MUST BE UNIQUE WITHIN THE PROVIDER. IF THE FIELD IS BLANK, THE RECORD WILL NOT BE PROCESSED.

OTHER FIELDS: NONE.

FIELD LENGTH: 15

ASCII FORMAT INFORMATION:

FIELD:	12
DATA TYPE:	ALPHANUMERIC (LEFT-JUSTIFIED AND FILLED WITH BLANK SPACES)
BEGIN COLUMN:	76
END COLUMN:	90

CO-DEPENDENT/COLLATERAL (AT ADMISSION)

DIS 13

DESCRIPTION A CO-DEPENDENT/COLLATERAL IS DEFINED IN ITEM DIS 6 ABOVE.

VALID ENTRIES: 1 **YES**
 2 **NO**

OTHER FIELDS: NONE

FIELD LENGTH: 1

ASCII FORMAT INFORMATION:

FIELD: 13
DATA TYPE: NUMERIC
BEGIN COLUMN: 91
END COLUMN: 91

CLIENT TRANSACTION TYPE (FROM ADMISSION RECORD)

DIS 14

DESCRIPTION: THIS FIELD IDENTIFIES WHETHER THE **ADMISSION** RECORD SUBMITTED TO TEDS THAT CORRESPONDS TO THIS DISCHARGE WAS FOR AN INITIAL ADMISSION (A) OR A **TRANSFER**/CHANGE IN SERVICE (T).

VALID ENTRIES: (ADMISSION RECORD)

A **ADMISSION**
T **TRANSFER**

OTHER FIELDS: NONE.

FIELD LENGTH 1

ASCII FORMAT INFORMATION

FIELD: 14
DATA TYPE: ALPHANUMERIC
BEGIN COLUMN: 92
END COLUMN: 92

DATE OF ADMISSION (FROM ADMISSION RECORD)

DIS 15

DESCRIPTION: THE DAY WHEN THE CLIENT RECEIVED HIS OR HER FIRST DIRECT TREATMENT OR RECOVERY SERVICE AS RECORDED ON THE ADMISSION RECORD THAT CORRESPONDS TO THIS DISCHARGE.

VALID ENTRIES: **MMDDYYYY**

MM MUST BE 01 THROUGH 12 AND DD MUST BE 01 THROUGH 31. ANY YEAR OF ADMISSION IS ACCEPTABLE.

OTHER FIELDS: NONE.

FIELD LENGTH 8

ASCII FORMAT INFORMATION

FIELD: 15
DATA TYPE: NUMERIC
BEGIN COLUMN: 93
END COLUMN: 100

TYPE OF SERVICE AT ADMISSION

DIS 16

DESCRIPTION: DESCRIBES THE TYPE OF SERVICE THE CLIENT RECEIVED.

- VALID ENTRIES:
- 01 **DETOXIFICATION, 24-HOUR SERVICE, HOSPITAL INPATIENT**
24 HOUR PER DAY MEDICAL ACUTE CARE SERVICES IN HOSPITAL SETTING FOR DETOXIFICATION FOR PERSONS WITH SEVERE MEDICAL COMPLICATIONS ASSOCIATED WITH WITHDRAWAL.
 - 02 **DETOXIFICATION, 24 HOUR SERVICE, FREE-STANDING RESIDENTIAL**
24 HOUR PER DAY SERVICES IN NON-HOSPITAL SETTING PROVIDING FOR SAFE WITHDRAWAL AND TRANSITION TO ONGOING TREATMENT .
 - 03 **REHABILITATION/RESIDENTIAL—HOSPITAL (OTHER THAN DETOXIFICATION) - 24 HOUR PER DAY MEDICAL CARE IN A HOSPITAL FACILITY IN CONJUNCTION WITH TREATMENT SERVICES FOR ALCOHOL AND OTHER DRUG ABUSE AND DEPENDENCY.**
 - 04 **REHABILITATION/RESIDENTIAL—SHORT TERM (30 DAYS OR FEWER)**
TYPICALLY, 30 DAYS OR LESS OF NON-ACUTE CARE IN A SETTING WITH TREATMENT SERVICES FOR ALCOHOL AND OTHER DRUG ABUSE AND DEPENDENCY.
 - 05 **REHABILITATION/RESIDENTIAL—LONG TERM (MORE THAN 30 DAYS)**
TYPICALLY, MORE THAN 30 DAYS OF NON-ACUTE CARE IN A SETTING WITH TREATMENT SERVICES FOR ALCOHOL AND OTHER DRUG ABUSE AND DEPENDENCY; THIS MAY INCLUDE TRANSITIONAL LIVING ARRANGEMENTS SUCH AS HALFWAY HOUSES.
 - 06 **AMBULATORY—INTENSIVE-OUTPATIENT-**
AS A MINIMUM, THE CLIENT MUST RECEIVE TREATMENT LASTING TWO OR MORE HOURS PER DAY FOR THREE OR MORE DAYS PER WEEK.
 - 07 **AMBULATORY—NON-INTENSIVE OUTPATIENT-**
AMBULATORY TREATMENT SERVICES INCLUDING INDIVIDUAL, FAMILY AND OR GROUP SERVICES; THESE MAY INCLUDE PHARMACOLOGICAL THERAPIES.
 - 08 **AMBULATORY—DETOXIFICATION -**
OUTPATIENT TREATMENT SERVICES PROVIDING FOR SAFE WITHDRAWAL IN AN AMBULATORY SETTING (PHARMACOLOGICAL OR NON-PHARMACOLOGICAL).

OTHER FIELDS: NONE.

FIELD LENGTH: 2

ASCII FORMAT INFORMATION

FIELD:	16
DATA TYPE:	NUMERIC
BEGIN COLUMN:	101
END COLUMN:	102

DATE OF BIRTH

DIS 17

DESCRIPTION: CLIENT'S DATE OF BIRTH.

VALID ENTRIES: **MMDDYYYY**

MM MUST BE 01 THROUGH 12 AND DD MUST BE 01 THROUGH 31.

FIELD LENGTH 8

ASCII FORMAT INFORMATION

FIELD: 17
DATA TYPE: NUMERIC
BEGIN COLUMN: 103
END COLUMN: 110

SEX

DIS 18

DESCRIPTION: IDENTIFIES CLIENT'S SEX.

VALID ENTRIES: 1 MALE
2 FEMALE
7 UNKNOWN
8 NOT COLLECTED

FIELD LENGTH 1

ASCII FORMAT INFORMATION

FIELD: 18
DATA TYPE: NUMERIC
BEGIN COLUMN: 111
END COLUMN: 111

RACE

DIS 19

DESCRIPTION: SPECIFIES THE CLIENT'S RACE

VALID ENTRIES:

- 01 **ALASKA NATIVE (ALEUT, ESKIMO, INDIAN)**—ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF ALASKA.
- 02 **AMERICAN INDIAN (OTHER THAN ALASKA NATIVE)**—ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF NORTH AMERICA AND SOUTH AMERICA (INCLUDING CENTRAL AMERICA) AND WHO MAINTAIN CULTURAL IDENTIFICATION THROUGH TRIBAL AFFILIATION OR COMMUNITY ATTACHMENT.
- 13 **ASIAN** - ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF THE FAR EAST, THE INDIAN SUBCONTINENT, OR SOUTHEAST ASIA, INCLUDING, FOR EXAMPLE, CAMBODIA, CHINA, INDIA, JAPAN, KOREA, MALAYSIA, PHILIPPINE ISLANDS, THAILAND, AND VIETNAM.
- 23 **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER** - ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF HAWAII, GUAM, SAMOA, OR OTHER PACIFIC ISLANDS.

(STATES THAT CANNOT SEPARATE ASIAN FROM NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER SHOULD USE CODE 03)
- 03 **ASIAN OR PACIFIC ISLANDER** - ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF THE FAR EAST, THE INDIAN SUBCONTINENT, SOUTHEAST ASIA OR THE PACIFIC ISLANDS.
- 04 **BLACK OR AFRICAN AMERICAN**— ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA.
- 05 **WHITE**—ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF EUROPE, NORTH AFRICA OR THE MIDDLE EAST.
- 20 **OTHER SINGLE RACE**—A DEFAULT CATEGORY FOR USE IN INSTANCES IN WHICH THE CLIENT IS NOT CLASSIFIED ABOVE OR WHOSE ORIGIN GROUP, BECAUSE OF AREA CUSTOM, IS REGARDED AS A RACIAL CLASS DISTINCT FROM THE ABOVE CATEGORIES. (DO NOT USE THIS CATEGORY FOR CLIENTS INDICATING MULTIPLE RACES)
- 21 **TWO OR MORE RACES** – USE THIS CODE WHEN THE STATE DATA SYSTEM ALLOWS MULTIPLE RACE SELECTION AND MORE THAN ONE RACE IS INDICATED. (SEE GUIDELINES BELOW).
- 97 **UNKNOWN**
- 98 **NOT COLLECTED**

UNKNOWN (97) - USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) - USE THIS CODE FOR ALL RECORDS IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, INVALID (99) WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO THE DATABASE.

GUIDELINES:

IF STATE DOES NOT DISTINGUISH BETWEEN AMERICAN INDIAN AND ALASKA NATIVE, CODE BOTH AS 02, AMERICAN INDIAN.

STATES THAT CAN SEPARATE “ASIAN” AND “NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER” SHOULD USE CODES 13 AND 23 FOR THOSE CATEGORIES. STATES THAT CANNOT MAKE THE SEPARATION SHOULD USE THE COMBINED CODE 03 UNTIL THE SEPARATION BECOMES POSSIBLE. ONCE A STATE BEGINS USING CODES 13 AND 23, CODE 03 SHOULD NO LONGER BE USED BY THAT STATE. STATES ARE ASKED TO CONVERT TO THE NEW CATEGORIES WHEN POSSIBLE.

STATES THAT COLLECT MULTIPLE RACES:

- A. WHEN A SINGLE RACE IS DESIGNATED, THAT SPECIFIC RACE CODE SHOULD BE USED.
- B. IF THE STATE SYSTEM COLLECTS A "PRIMARY" OR "PREFERRED" RACE ALONG WITH ADDITIONAL RACES, THE CODE FOR THE PRIMARY/PREFERRED RACE SHOULD BE USED, REGARDLESS OF WHETHER OR NOT ADDITIONAL RACES HAVE BEEN DESIGNATED.
- C. IF THE STATE USES A SYSTEM, SUCH AS AN ALGORITHM, TO SELECT A SINGLE RACE WHEN MULTIPLE RACES HAVE BEEN SELECTED FOR AN INDIVIDUAL, THE SAME SYSTEM MAY BE USED TO DESIGNATE THE RACE CODE FOR TEDS.
- D. IF B OR C ABOVE DO NOT APPLY, WHEN TWO OR MORE RACES ARE DESIGNATED, CODE 21 (TWO OR MORE RACES) SHOULD BE USED

OTHER FIELDS: NONE

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD: 19
DATA TYPE: NUMERIC
BEGIN COLUMN: 112
END COLUMN: 113

ETHNICITY

DIS 20

DESCRIPTION: IDENTIFIES CLIENT'S SPECIFIC HISPANIC ORIGIN.

- VALID ENTRIES:
- 01 **PUERTO RICAN**—OF PUERTO RICAN ORIGIN REGARDLESS OF RACE.
 - 02 **MEXICAN**—OF MEXICAN ORIGIN REGARDLESS OF RACE.
 - 03 **CUBAN**—OF CUBAN ORIGIN REGARDLESS OF RACE.
 - 04 **OTHER SPECIFIC HISPANIC**—OF KNOWN CENTRAL OR SOUTH AMERICAN OR ANY OTHER SPANISH CULTURAL ORIGIN (INCLUDING SPAIN), OTHER THAN PUERTO RICAN, MEXICAN OR CUBAN, REGARDLESS OF RACE.
 - 05 **NOT OF HISPANIC ORIGIN**
 - 06 **HISPANIC - SPECIFIC ORIGIN NOT SPECIFIED** — OF HISPANIC ORIGIN, BUT SPECIFIC ORIGIN NOT KNOWN OR NOT SPECIFIED

 - 97 **UNKNOWN**
 - 98 **NOT COLLECTED**

OTHER FIELDS: NONE

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD: 20
DATA TYPE: NUMERIC
BEGIN COLUMN: 114
END COLUMN: 115

SUBSTANCE PROBLEM AT DISCHARGE, PRIMARY

DIS 21(A)

DESCRIPTION: THIS FIELD IDENTIFIES THE CLIENT'S PRIMARY SUBSTANCE PROBLEM AT DISCHARGE.

EACH SUBSTANCE PROBLEM CODE (PRIMARY, SECONDARY, OR TERTIARY PROBLEM CODE) HAS AN ASSOCIATED FIELD FOR FREQUENCY OF USE.

VALID ENTRIES:

- 01 NONE
- 02 ALCOHOL
- 03 COCAINE/CRACK
- 04 MARIJUANA/HASHISH—INCLUDES THC AND ANY OTHER CANNABIS SATIVA PREPARATIONS.
- 05 HEROIN
- 06 NON-PRESCRIPTION METHADONE
- 07 OTHER OPIATES AND SYNTHETICS—INCLUDES CODEINE, HYDROCODONE, HYDROMORPHONE, MEPERIDINE, MORPHINE, OPIUM, OXYCODONE, PENTAZOCINE, PROPOXYPHENE, TRAMADOL, AND ANY OTHER DRUG WITH MORPHINE-LIKE EFFECTS.
- 08 PCP—PHENCYCLIDINE
- 09 OTHER HALLUCINOGENS—INCLUDES LSD, DMT, STP, HALLUCINOGENS, Mescaline, PEYOTE, PSILOCYBIN, ETC.
- 10 METHAMPHETAMINE
- 11 OTHER AMPHETAMINES—INCLUDES AMPHETAMINES, MDMA, PHENMETRAZINE, AND OTHER UNSPECIFIED AMINES AND RELATED DRUGS.
- 12 OTHER STIMULANTS—INCLUDES METHYLPHENIDATE AND ANY OTHER STIMULANTS.
- 13 BENZODIAZEPINES—INCLUDES ALPRAZOLAM, CHLORDIAZEPOXIDE, CLONAZEPAM, CLORAZEPATE, DIAZEPAM, FLUNITRAZEPAM, FLURAZEPAM, HALAZEPAM, LORAZEPAM, OXAZEPAM, PRAZEPAM, TEMAZEPAM, TRIAZOLAM, AND OTHER UNSPECIFIED BENZODIAZEPINES.
- 14 OTHER NON-BENZODIAZEPINE TRANQUILIZERS—INCLUDES MEPROBAMATE, TRANQUILIZERS, ETC
- 15 BARBITURATES—INCLUDES AMOBARBITAL, PENTOBARBITAL, PHENOBARBITAL, SECOBARBITAL, ETC.
- 16 OTHER NON-BARBITURATE SEDATIVES OR HYPNOTICS—INCLUDES CHLORAL HYDRATE, ETHCHLORVYNOL, GLUTETHIMIDE, METHAQUALONE, SEDATIVES/HYPNOTICS, ETC.
- 17 INHALANTS—INCLUDES CHLOROFORM, ETHER, GASOLINE, GLUE, NITROUS OXIDE, PAINT THINNER, ETC.
- 18 OVER-THE-COUNTER—INCLUDES ASPIRIN, COUGH SYRUP, DIPHENHYDRAMINE AND OTHER ANTI-HISTAMINES, SLEEP AIDS, AND ANY OTHER LEGALLY OBTAINED, NON-PRESCRIPTION MEDICATION.
- 20 OTHER—INCLUDES DIPHENYLHYDANTOIN/PHENYTOIN, GHB/GBL, KETAMINE, ETC.

- 97 UNKNOWN
- 98 NOT COLLECTED

UNKNOWN (97) - USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) - USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (99)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	21
DATA TYPE:	NUMERIC
BEGIN COLUMN:	116
END COLUMN:	117

SUBSTANCE PROBLEM AT DISCHARGE, SECONDARY

DIS 21(B)

DESCRIPTION: THIS FIELD IDENTIFIES THE CLIENT'S SECONDARY SUBSTANCE PROBLEM.

VALID ENTRIES: SEE SUBSTANCE PROBLEM CODE, PRIMARY FOR VALID CODE ENTRIES

OTHER FIELDS: SEE SUBSTANCE PROBLEM CODE, PRIMARY

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	22
DATA TYPE:	NUMERIC
BEGIN COLUMN:	118
END COLUMN:	119

SUBSTANCE PROBLEM AT DISCHARGE, TERTIARY

DIS 21(c)

DESCRIPTION: THIS FIELD IDENTIFIES THE CLIENT'S TERTIARY SUBSTANCE PROBLEM.

VALID ENTRIES: SEE SUBSTANCE PROBLEM CODE, PRIMARY, FOR VALID CODE ENTRIES.

OTHER FIELDS: SEE SUBSTANCE PROBLEM CODE, PRIMARY

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	23
DATA TYPE:	NUMERIC
BEGIN COLUMN:	120
END COLUMN:	121

FREQUENCY OF USE AT DISCHARGE, PRIMARY

DIS 22(A)

DESCRIPTION: IDENTIFIES THE FREQUENCY OF USE OF THE SUBSTANCE IDENTIFIED IN DIS 21(A) SUBSTANCE PROBLEM CODE, PRIMARY.

VALID ENTRIES: 01 NO USE IN THE PAST MONTH
02 1-3 TIMES IN THE PAST MONTH
03 1-2 TIMES IN THE PAST WEEK
04 3-6 TIMES IN THE PAST WEEK
05 DAILY

96 NOT APPLICABLE
97 UNKNOWN
98 NOT COLLECTED

NOT APPLICABLE (96) USE THIS CODE WHEN THE VALUE IN DIS 21(A) IS 01 NONE.

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (99)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	24
DATA TYPE:	NUMERIC
BEGIN COLUMN:	122
END COLUMN:	123

FREQUENCY OF USE AT DISCHARGE, SECONDARY

DIS 22(B)

DESCRIPTION: IDENTIFIES THE FREQUENCY OF USE OF THE SUBSTANCE IDENTIFIED IN **DIS 21(B) SUBSTANCE PROBLEM CODE, SECONDARY**.

VALID ENTRIES: 01 **NO USE IN THE PAST MONTH**
02 **1-3 TIMES IN THE PAST MONTH**
03 **1-2 TIMES IN THE PAST WEEK**
04 **3-6 TIMES IN THE PAST WEEK**
05 **DAILY**

96 **NOT APPLICABLE**
97 **UNKNOWN**
98 **NOT COLLECTED**

NOT APPLICABLE (96) USE THIS CODE WHEN THE VALUE IN DIS 21(B) IS 01 NONE.

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (99)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD: 25
DATA TYPE: NUMERIC
BEGIN COLUMN: 124
END COLUMN: 125

FREQUENCY OF USE AT DISCHARGE, TERTIARY

DIS 22(C)

DESCRIPTION: IDENTIFIES THE FREQUENCY OF USE OF THE SUBSTANCE IDENTIFIED IN **DIS 21(C) SUBSTANCE PROBLEM CODE, TERTIARY**.

VALID ENTRIES: 01 **NO USE IN THE PAST MONTH**
02 **1-3 TIMES IN THE PAST MONTH**
03 **1-2 TIMES IN THE PAST WEEK**
04 **3-6 TIMES IN THE PAST WEEK**
05 **DAILY**

96 **NOT APPLICABLE**
97 **UNKNOWN**
98 **NOT COLLECTED**

NOT APPLICABLE (96) USE THIS CODE WHEN THE VALUE IN DIS 21(C) IS 01 NONE.

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (99)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD: 26
DATA TYPE: NUMERIC
BEGIN COLUMN: 126
END COLUMN: 127

LIVING ARRANGEMENTS AT DISCHARGE

DIS 23

DESCRIPTION: SPECIFIES WHETHER THE CLIENT IS HOMELESS, LIVING WITH PARENTS, IN A SUPERVISED SETTING, OR LIVING ON HIS OR HER OWN AT THE TIME OF DISCHARGE.

- VALID ENTRIES: 01 **HOMELESS**—CLIENTS WITH NO FIXED ADDRESS; INCLUDES SHELTERS.
02 **DEPENDENT LIVING**— CLIENTS LIVING IN A SUPERVISED SETTING SUCH AS A RESIDENTIAL INSTITUTION, HALFWAY HOUSE OR GROUP HOME, AND CHILDREN (UNDER AGE 18) LIVING WITH PARENTS, RELATIVES, OR GUARDIANS OR IN FOSTER CARE .
03 **INDEPENDENT LIVING** – CLIENTS LIVING ALONE OR WITH OTHERS WITHOUT SUPERVISION.

97 **UNKNOWN**
98 **NOT COLLECTED**

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS. THIS CODE IS ALSO USED IF THE STATE COLLECTS ONLY A SUBSET OF THE CATEGORIES IN THE LIST ABOVE.

ANY OTHER ENTRY SETS THE FIELD TO **INVALID (99)**.

OTHER FIELDS: NONE.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	27
DATA TYPE:	NUMERIC
BEGIN COLUMN:	128
END COLUMN:	129

EMPLOYMENT STATUS AT DISCHARGE

DIS 24

DESCRIPTION: IDENTIFIES THE CLIENT'S EMPLOYMENT STATUS AT THE TIME OF DISCHARGE.

VALID ENTRIES:

- 01 **FULL TIME**—WORKING 35 HOURS OR MORE EACH WEEK, INCLUDING MEMBERS OF THE UNIFORMED SERVICES.
- 02 **PART TIME**—WORKING FEWER THAN 35 HOURS EACH WEEK.
- 03 **UNEMPLOYED**—LOOKING FOR WORK DURING THE PAST 30 DAYS OR ON LAYOFF FROM A JOB.
- 04 **NOT IN LABOR FORCE**—NOT LOOKING FOR WORK DURING THE PAST 30 DAYS OR A STUDENT, HOMEMAKER, DISABLED, RETIRED OR AN INMATE OF AN INSTITUTION. CLIENTS IN THIS CATEGORY ARE FURTHER DEFINED IN SUDS 12-DETAILED NOT IN LABOR FORCE.

- 97 **UNKNOWN**
- 98 **NOT COLLECTED**

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

IF THE VALUE IN THE FIELD IS NOT A VALID ENTRY, **INVALID (99)** WILL BE ENTERED IN THE FIELD AND THE RECORD WILL BE PROCESSED AND ADDED TO DATABASE.

GUIDELINES:

SEASONAL WORKERS ARE CODED IN THIS CATEGORY BASED ON THEIR EMPLOYMENT STATUS AT TIME OF DISCHARGE. FOR EXAMPLE, IF THEY ARE EMPLOYED FULL TIME AT THE TIME OF DISCHARGE, THEY ARE CODED 0. IF THEY ARE NOT IN LABOR FORCE AT THE TIME OF DISCHARGE, THEY ARE CODED 04.

OTHER FIELDS: **DIS 25** (DETAILED NOT IN LABOR FORCE) IS USED TO PROVIDE A DETAILED BREAKDOWN OF THE “NOT IN LABOR FORCE” CATEGORY (04).

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	28
DATA TYPE:	NUMERIC
BEGIN COLUMN:	130
END COLUMN:	131

DETAILED NOT IN LABOR FORCE AT DISCHARGE

DIS 25

DESCRIPTION: THIS FIELD GIVES MORE DETAILED INFORMATION ABOUT THOSE CLIENTS WHO ARE CODED AS "NOT IN THE LABOR FORCE" IN ITEM DIS 24 - EMPLOYMENT STATUS.

VALID ENTRIES: 01 **HOMEMAKER**
02 **STUDENT**
03 **RETIRED**
04 **DISABLED**
05 **INMATE OF INSTITUTION (PRISON OR INSTITUTION THAT KEEPS A PERSON, OTHERWISE ABLE, FROM ENTERING THE LABOR FORCE.)**
06 **OTHER**

96 **NOT APPLICABLE**
97 **UNKNOWN**
98 **NOT COLLECTED**

NOT APPLICABLE (96) USE THIS CODE IF EMPLOYMENT STATUS (DIS 24) IS ANY CODE OTHER THAN 04.

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS. NOT COLLECTED IS ALSO USED WHEN THE STATE COLLECTS ONLY A SUBSET OF THE CATEGORIES IN THE LIST ABOVE.

ANY OTHER ENTRY SETS THE FIELD TO **INVALID (99)**.

GUIDELINES: THIS FIELD IS APPLICABLE ONLY WHEN EMPLOYMENT STATUS (DIS 24) IS CODED 04 "NOT IN LABOR FORCE." FOR ALL OTHER ENTRIES IN EMPLOYMENT STATUS, THIS FIELD SHOULD BE CODED 96 **NOT APPLICABLE**

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD: 29
DATA TYPE: NUMERIC
BEGIN COLUMN: 132
END COLUMN: 133

NUMBER OF ARRESTS IN 30 DAYS PRIOR TO DISCHARGE

DIS 26

DESCRIPTION: THE NUMBER OF ARRESTS IN THE 30 DAYS PRECEDING DISCHARGE FROM TREATMENT SERVICES. IF CLIENT IS IN TREATMENT LESS THAN 30 DAYS, USE NUMBER OF ARRESTS DURING TREATMENT.

VALID ENTRIES: 00-96 NUMBER OF ARRESTS
97 UNKNOWN
98 NOT COLLECTED

UNKNOWN (97) USE THIS CODE IF THE STATE COLLECTS THESE DATA, BUT FOR SOME REASON THIS RECORD DOES NOT REFLECT AN ACCEPTABLE VALUE.

NOT COLLECTED (98) USE THIS CODE IF THE STATE DOES NOT COLLECT THESE DATA FOR SUBMISSION TO TEDS.

ANY OTHER ENTRY SETS THE FIELD TO INVALID (99).

GUIDELINES:

THIS ITEM IS INTENDED TO CAPTURE THE NUMBER OF TIMES THE CLIENT WAS ARRESTED FOR ANY CAUSE DURING THE 30 DAYS PRECEDING THE DATE OF DISCHARGE FROM TREATMENT. FOR CLIENTS WHOSE TREATMENT LASTED LESS THAN 30 DAYS, COUNT ARRESTS ONLY BACK TO THE DATE OF ADMISSION. ANY FORMAL ARREST IS TO BE COUNTED REGARDLESS OF WHETHER INCARCERATION OR CONVICTION RESULTED AND REGARDLESS OF THE STATUS OF THE ARREST PROCEEDINGS AT THE TIME OF DISCHARGE.

OTHER FIELDS: NONE.

FIELD LENGTH 2

ASCII FORMAT INFORMATION

FIELD:	30
DATA TYPE:	NUMERIC
BEGIN COLUMN:	134
END COLUMN:	135

Attachment 4.2

Technical Preparation Requirements

ATTACHMENT 4.2 - TECHNICAL PREPARATION REQUIREMENTS

1. Data file submission protocol

All discharge data must be submitted on a PC diskette or CD-R, or transmitted electronically by FTP, dial-up to contractor's PC, or the Internet. Each diskette and CD submission must be accompanied by the TEDS Data Submission Form (see last page of this attachment). For electronic transmissions, the relevant information from the TEDS Data Submission Form must be provided verbally, or by email or fax prior to the transmission. Passwords for password-protected files are to be transmitted to the TEDS contractor independent of the data transmission.

2. Data file format

Data files must be submitted as an **ASCII Flat File**.

3. Data transmission specifications

The following provides more detail for data submissions to TEDS according to submission method:

PC Diskette - Formatted personal computer diskette

File formats	ASCII flat file
DOS Format version	3.0 or higher
Size	3.5 inch
Density	Double or High
Note: If data file is too large for a single disk, use the compression utility program PKZip.	

Electronic Transmission - Data transmission via modem

File Formats	ASCII flat file
BPS	28800, 14400, 9600
Parity	None
Data Bits	8
Stop Bits	1
Communication Protocol	ZMODEM, YMODEM, KERMIT
Note: For electronic transmission, contact TEDS Contractor to arrange transmission.	

CD – Compact Disk	
CD type	CD-R, (CD-RW not recommended)
File formats	ASCII flat file

Internet Transmission - File transmission as email attachment

File format	ASCII flat file
Note: File must be password protected and may be encrypted. Before sending an encrypted file, contact the TEDS contractor for information on acceptable encryption software. File may be compressed using the PKZip compression utility program.	

4. Data file specifications

ASCII Flat File Format

ASCII flat files have each record represented by a single line terminated by an end-of-line indicator. The standard ASCII end-of-line indicator is a carriage return, line feed. An end-of-line marker is optional. Other specifications are:

Record	A single line terminated by an end-of-line indicator with each field in a specified column
Field	Fixed length in columns shown below
Alphanumeric Fields	Left-justified and filled with blank spaces
Numeric Fields	Right-justified and filled with zeros.

5. Discharge Data File Structure

The field specifications for ASCII Discharge data file are provided below.
(K) = Key field

DATA SUBMISSION ITEMS

Field	Description	Data Type	Length	Begin Col.	End Col.
1	System Transaction Type	Alphanumeric	1	1	1
2 (K)	State Abbreviation	Alphanumeric	2	2	3
3	Mo. And Yr. of Submission	Numeric	6	4	9

BASIC TEDS DISCHARGE DATA

Field	Description	Data Type	Length	Begin Col.	End Col.
4 (K)	Provider Identifier	Alphanumeric	15	10	24
5 (K)	Client Identifier	Alphanumeric	15	25	39
6 (K)	Co-Dependent/Collateral	Numeric	1	40	40
7	Services At Discharge	Numeric	2	41	42
8	Date Last Contact	Numeric	8	43	50
9 (K)	Date Of Discharge	Numeric	8	51	58
10	Reason For Discharge	Numeric	2	59	60

ADMISSIONS DATA REPORTED ON DISCHARGE RECORD

The data in fields 11 through 20 are for the admission (or transfer) that corresponds to the discharge reported in the record. The data in these fields should match exactly with the data reported in the corresponding TEDS admission (or transfer) record so that the discharge record can be matched with the appropriate admission (or transfer) record in the TEDS system.

Field	Description (items from admission record)	Data Type	Length	Begin Col.	End Col.
11	Provider Identifier	Alphanumeric	15	61	75
12	Client Identifier	Alphanumeric	15	76	90
13	Co-Dependent/Collateral	Numeric	1	91	91
14	Client Transaction Type	Alphanumeric	1	92	92
15	Date Of Admission	Numeric	8	93	100
16	Services At Admission	Numeric	2	101	102
17	Date Of Birth	Numeric	8	103	110
18	Sex	Numeric	1	111	111
19	Race	Numeric	2	112	113
20	Ethnicity	Numeric	2	114	115

DISCHARGE DATA NOMS ELEMENTS

The data in fields 21-30 are the NOMS data elements for the discharge data set.

Field	Description	Data Type	Length	Begin Col.	End Col.
21	Substance Problem At Discharge, Primary	Numeric	2	116	117
22	Substance Problem At Discharge, Secondary	Numeric	2	118	119
23	Substance Problem At Discharge, Tertiary	Numeric	2	120	121
24	Frequency Of Use At Discharge, Primary	Numeric	2	122	123
25	Frequency Of Use At Discharge, Secondary	Numeric	2	124	125
26	Frequency Of Use At Discharge, Tertiary	Numeric	2	126	127
27	Living Arrangements At Discharge	Numeric	2	128	129
28	Employment Status At Discharge	Numeric	2	130	131
29	Detailed Not In Labor Force At Discharge	Numeric	2	132	133
30	Number Of Arrests In 30 Days Prior To Discharge	Numeric	2	134	135

TEDS DATA SUBMISSION FORM

ADMISSIONS

DISCHARGES

State _____

Date Submitted _____

Reporting Date (MMYYYY) _____

Number of Records in file _____

Re-submission? Yes No

File encrypted? Yes No

Encryption method _____

MEDIA / TRANSMISSION METHOD AND FORMAT INFORMATION

PC Diskette or CD:

ASCII flat file

File Name _____

Number of disks/CD's _____

Return Disks/CD? Yes No

FTP or Dial-up
Transmission:

ASCII flat file

File Name _____

Internet Transmission:

ASCII flat file

File Name _____

Comments, other information:

State Contact:

Name _____ Fax _____

Phone _____ Email _____