

Crosswalk Management System

Report REPORT CROSSWALK TO STATE
Filename
Run by CWMS_PROXY
Report Date 23-DEC-16 02:54

Crosswalk Report

Status : FN

Substance Abuse and Mental Health Services Administration

Center for Behavioral Health Statistics and Quality

Media ID : DMHSASDCDC - OK

Start Date : 01-JAN-90

End Date :

Follow-up :

Oklahoma's TEDS - SA

Version : 1

K = Key Field

System

Oklahoma

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

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Minimum

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
K 1	State Provider Identifier	-	Admission History.	3

K 2	Client Identifier (Admission)	Section I	Client Id - State Unique	9 characters
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K 2	Client Identifier (Admission)	-	Admission History.	9 characters
No longer effective as of: 02-21-2002				

K 3	Co-Dependent/Collateral	-	Presenting Problem	
1	Yes	740,744	Presenting Problem Code Absent (not used since 6/30/1999)	
1	Yes	745	Dependent Child of an Alcohol Abuse Client (not used since 6/30/1999)	
1	Yes	746	Dependent Child of an Drug Abuse Client	
1	Yes	747	Dependent Child of an Poly Abuse Client	
1	Yes	748	Co-Dependent of an Alcohol Abuser	
1	Yes	749	Co-Dependent of an Drug Abuser	
1	Yes	750	Co-Dependent of an Poly Abuser	
1	Yes	751	Family Member or Significant Other of an SA Client	
No longer effective as of: 06-01-2007				

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
K 3	Co-Dependent/Collateral	-		Primary Referral
2	No	-		all other codes
1	Yes	740		Co-Dependent
1	Yes	744		Dependent Child of a SA Client in Treatment
1	Yes	745		Dep Child of Alc Abuse Client
1	Yes	746		Dep Child of Drug Abuse Client
1	Yes	747		Dep Child of Poly- Abuse Client
1	Yes	748		Co-Dependent of an Alc Abuser
1	Yes	749		Co-Dependent of an Drug Abuser
1	Yes	750		Co-Dependent of an Poly-Abuser
1	Yes	751		Family Member or Significant Other of an SA Client

K 4	Client Transaction Type	-		Transaction Type
A	Admission (SA)	23		Admission
T	Transfer/Change in Service (SA)	40		Sublevel of Care Change
No longer effective as of: 06-30-2007				

K 4	Client Transaction Type	-		Transaction Type
A	Admission (SA)	23		Admission
T	Transfer/Change in Service (SA)	40		Level of Care Change

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
K 5	Date of Admission	-	Transaction Date MMDDYYYY	
6	Prior Treatment Episodes	-	Admission History.	
0	0 Previous Episodes	0	0	
1	1 Previous Episodes	1	1	
2	2 Previous Episodes	2	2	
3	3 Previous Episodes	3	3	
4	4 Previous Episodes	4	4	
5	5 Or More Previous Episodes	5	5+	

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	Section I	Primary Referral/Secondary Referral	
01	Individual (includes self-referral))	01	Self	
01	Individual (includes self-referral))	02	Significant Other	
04	School (Educational)	03	School	
06	Other Community Referral	04	Church/Clergy	
06	Other Community Referral	05	Group Home	
05	Employer/Employer Assistance ProgramEAP	06	Employer, Union	
03	Other Health Care Provider	08	Non-Psychiatric Hospital	
03	Other Health Care Provider	09	VA System	
03	Other Health Care Provider	10	Indian Health Services	
03	Other Health Care Provider	11	Department of Health	
07	Court/Criminal Justice/DUI/DWI	12	Department of Corrections	
06	Other Community Referral	14	Department of Human Services	
03	Other Health Care Provider	18	Nursing Home	
03	Other Health Care Provider	21	Pvt Psychiatric/MH Prof	
06	Other Community Referral	22	Social Security	
06	Other Community Referral	23	Attorney/Legal Aid	
07	Court/Criminal Justice/DUI/DWI	25	Law enforcement	
06	Other Community Referral	26	Reachout Hot-Line/Advertising Media	

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	Section I	Primary Referral/Secondary Referral	
06	Other Community Referral	30		Shelter for Homeless
97	Unknown	31		Additional Services Recommended, Referral not Obtainable
07	Court/Criminal Justice/DUI/DWI	32		Court
07	Court/Criminal Justice/DUI/DWI	33		Probation
07	Court/Criminal Justice/DUI/DWI	34		Parole
07	Court/Criminal Justice/DUI/DWI	35		Department of Public Safety
03	Other Health Care Provider	37		Private Physician
03	Other Health Care Provider	38		HMO/MCO
06	Other Community Referral	39		Change in pay source
03	Other Health Care Provider	40		DMHSAS funded facility
03	Other Health Care Provider	41		Non-DMHSAS funded Psychiatric Hospital
03	Other Health Care Provider	42		Non-DMHSAS funded Mental Health Center
06	Other Community Referral	43		Non-DMHSAS funded Community Agency
03	Other Health Care Provider	44		Non-DMHSAS funded Residential Care Home
02	Alcohol/Drug Abuse Provider	45		Non-DMHSAS funded Alcohol/Drug Program
06	Other Community Referral	46		Non-DMHSAS funded Domestic Violence Facility
03	Other Health Care Provider	47		Non-DMHSAS funded Crisis/Stablization Facility
07	Court/Criminal Justice/DUI/DWI	48		Office if Juvenile Affairs
06	Other Community Referral	49		TANF

Crosswalk Report

Oklahoma's TEDS - SA
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Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	Section I	Primary Referral/Secondary Referral	
06	Other Community Referral	50		Change in Eligibility Standards
06	Other Community Referral	51		Self Help Group
01	Individual (includes self-referral))	52		Parent/Guardian

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Minimum

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	Section I	Primary Referral/Secondary Referral	
01	Individual (includes self-referral))	01	Self	
01	Individual (includes self-referral))	02	Significant Other	
04	School (Educational)	03	School	
06	Other Community Referral	04	Church/Clergy	
06	Other Community Referral	05	Group Home	
05	Employer/Employer Assistance ProgramEAP	06	Employer, Union	
03	Other Health Care Provider	08	Non-Psychiatric Hospital	
03	Other Health Care Provider	09	VA Hospital	
03	Other Health Care Provider	10	Indian Health Services	
03	Other Health Care Provider	11	Department of Health	
07	Court/Criminal Justice/DUI/DWI	12	Department of Corrections	
06	Other Community Referral	14	Department of Human Services	
03	Other Health Care Provider	18	Nursing Home	
03	Other Health Care Provider	21	Pvt Psychiatric/MH Prof	
06	Other Community Referral	22	Social Security	
06	Other Community Referral	23	Attorney/Legal Aid	
07	Court/Criminal Justice/DUI/DWI	25	Law enforcement	
06	Other Community Referral	26	Reachout Hot-Line/Advertising Media	

Crosswalk Report

Oklahoma's TEDS - SA
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Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	Section I		Primary Referral/Secondary Referral
06	Other Community Referral	30		Shelter for Homeless
97	Unknown	31		Additional Services Recommended, Referral not Obtainable
07	Court/Criminal Justice/DUI/DWI	32		Court
07	Court/Criminal Justice/DUI/DWI	33		Probation
07	Court/Criminal Justice/DUI/DWI	34		Parole
06	Other Community Referral	35		Department of Public Safety
03	Other Health Care Provider	37		Private Physician
03	Other Health Care Provider	38		HMO/MCO
03	Other Health Care Provider	40		DMHSAS funded facility
03	Other Health Care Provider	41		Non-DMHSAS funded Psychiatric Hospital
03	Other Health Care Provider	42		Non-DMHSAS funded Mental Health Center
06	Other Community Referral	43		Non-DMHSAS funded Community Agency
03	Other Health Care Provider	44		Non-DMHSAS funded Residential Care Home
02	Alcohol/Drug Abuse Provider	45		Non-DMHSAS funded Alcohol/Drug Program
06	Other Community Referral	46		Non-DMHSAS funded Domestic Violence Facility
03	Other Health Care Provider	47		Non-DMHSAS funded Crisis/Stablization Facility
07	Court/Criminal Justice/DUI/DWI	48		Office if Juvenile Affairs
06	Other Community Referral	49		TANF
06	Other Community Referral	50		Change in Eligibility Standards

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	Section I		Primary Referral/Secondary Referral
06	Other Community Referral	51		Self Help Group
No longer effective as of: 06-30-2008				

8	Date of Birth	Section I	Birth Year
			MMDDYYYY

8	Date of Birth	-	Admission History.
No longer effective as of: 02-21-2002			

9	Gender	-	Admission History.
			3rd character of state client ID
2	Female	F	Female
1	Male	M	Male

10	Race (Hispanic collected as race to be reported as 97 in Race and 06 in Ethnicit	Section I	Client Race/Ethnicity.
02	American Indian/Alaskan Native (States using Alaskan Native in 01 use for other	1	American Indian
04	Black or African American	1	Black/African American
23	Native Hawaiians or Other Pacific Islanders	1	Native Hawaiian or Pacific Islander
21	Two or More Races	1	Two or more races
13	Asian	1	Asian
05	White	1	White

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Minimum

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
10	Race (Hispanic collected as race to be reported as 97 in Race and 06 in Ethnicit	Section I		Client Race/Ethnicity.
02	American Indian/Alaskan Native (States using Alaskan Native in 01 use for other	1		American Indian
03	Asian or Pacific Islander use only if not collecting codes separately	1		Asian
23	Native Hawaiians or Other Pacific Islanders	1		Native Hawaiian or Pacific Islander
05	White	1		White
21	Two or More Races	1		Two or more races
04	Black or African American	1		Black
No longer effective as of: 06-30-2007				

11	Hispanic or Latino Origin (Ethnicity)	Section I		Client Race/Ethnicity.
06	Hispanic or Latino - Specific Origin not Specified	1		Hispanic/Latino
05	Not of Hispanic or Latino Origin	2		Non-Hispanic/Latino

11	Hispanic or Latino Origin (Ethnicity)	Section I		Client Race/Ethnicity.
06	Hispanic or Latino - Specific Origin not Specified	1		Hispanic
05	Not of Hispanic or Latino Origin	Blank		Non-Hispanic
No longer effective as of: 06-30-2004				

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Minimum

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
12	Education	SectionIII	Education - (Highest Grade Completed)	
00	Less Than One Grade Completed	00		0 Years of Education Completed
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	01-11		1-11 Years of School Completed
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	12		High School Graduate/GED
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	13-16		Number of Post High School Years Completed
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	99		GED
97	Unknown	Blank		Unknown
No longer effective as of: 06-01-2007				

Item No	Treatment Episode Data Set	Item	Value	State System Data
12	Education	SectionIII	Education - (Highest Grade Completed)	
00	Less Than One Grade Completed	0		Less than one grade completed
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	01-25		Years completed

Item No	Treatment Episode Data Set	Item	Value	State System Data
13	Employment Status	-	Employment	
01	Full Time - works 35 or more hours a week- includes military	1		Full Time
02	Part Time - works less tahn 35 hours per week	2		Part Time
03	Unemployed - looking for work in past 30 days or on layoff from job	3		Unemployed
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	4		Retired
No longer effective as of: 02-21-2002				

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Minimum

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
13	Employment Status	Section II	Employment.	
01	Full Time - works 35 or more hours a week- includes military	1		Full-time
02	Part Time - works less tahn 35 hours per week	2		Part-time
03	Unemployed - looking for work in past 30 days or on layoff from job	3		Unemployed
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	4		Not in labor force

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Minimum

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
14	Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C)	SectionIII	Drugs of Choice	
01	None	01	None	
02	Alcohol	02	Alcohol	
05	Heroin	03	Heroin	
06	Non-Prescription Methadone	04	Non-RX Methadone	
07	Other Opiates and Synthetics	05	Other Opiates & Synectics	
15	Barbiturates	06	Barbituates	
16	Other Non-Barbituate Sedatives or Hypnotics	07	Other Sediatives/Hypnotics	
11	Other Amphetamines	08	Amphetamines	
03	Cocaine, Crack	09	Cocaine	
04	Marijuana, Hashish (includesTHC and other Cannabis Sativa preparations)	10	Marijuana/Hashish	
09	Hallucinogens	11	Other Hallucinogens	
17	Inhalants	12	Inhalants	
18	Over-the-Counter	13	Over-the-counter	
14	Other Non-Benzodiazapine Tranquilizers	14	Tranquilizers	
08	PCP	15	PCP	
20	Other	16	Other	
97	Unknown	17	Unknown	

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

K = Key Field

Minimum

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
14	Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C)	SectionIII	Drugs of Choice	
20	Other	18		Methamphetamines
13	Benzodiazepines	19		Benzodiazepine
12	Other Stimulants	20		Other Stimulants
20	Other	21		Club Drugs

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Minimum

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
14	Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C)	SectionIII		Drugs of Choice
01	None	01		None
02	Alcohol	02		Alcohol
05	Heroin	03		Heroin
06	Non-Prescription Methadone	04		Non-RX Methadone
07	Other Opiates and Synthetics	05		Other Opiates & Synectics
15	Barbiturates	06		Barbituates
16	Other Non-Barbituate Sedatives or Hypnotics	07		Other Sediatives/Hypnotics
11	Other Amphetamines	08		Amphetamines
03	Cocaine, Crack	09		Cocaine
04	Marijuana, Hashish (includesTHC and other Cannabis Sativa preperations)	10		Marijuana/Hashish
09	Hallucinogens	11		Other Hallucinogens
17	Inhalants	12		Inhalants
18	Over-the-Counter	13		Over-the-counter
14	Other Non-Benzodiazapine Tranquilizers	14		Tranquilizers
08	PCP	15		PCP
20	Other	16		Other
97	Unknown	17		Unknown

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Minimum

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
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14 Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C)

SectionIII

Drugs of Choice

20	Other	18	Methamphetamines
13	Benzodiazepines	19	Benzodiazepine
12	Other Stimulants	20	Other Stimulants

No longer effective as of: 06-30-2004

15 Usual Route of Administration (Primary-15A, Secondary-15B, Tertiart-15C)

SectionIII

Usual Route of Administration.

01	Oral	1	Oral
02	Smoking	2	Smoking
03	Inhalation	3	Inhalation
04	Injection (IV or intramuscular, intradermal or subcutaneous)	4	Injection
20	Other	5	Other

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Minimum

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
15	Usual Route of Administration (Primary-15A, Secondary-15B, Tertiari-15C)	-		Usual Route of Administration
01	Oral	1		Oral
02	Smoking	2		Smoking
20	Other	20		Other
03	Inhalation	3		Inhalation
04	Injection (IV or intramuscular, intradermal or subcutaneous)	4		Injection (IV or Intramuscular)
No longer effective as of: 02-21-2002				

16	Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C)	-		Frequency of Use
01	No use in the past month	1		No Past Month Use
02	1-3 times in past month	2		1-3 Times In Past Month
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
No longer effective as of: 02-21-2002				

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Minimum

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
16	Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C)	SectionIII		Frequency of Use.
01	No use in the past month	1		No Past Month Use
02	1-3 times in past month	2		1-3 Times/Month
03	1-2 times per week	3		1-2 Times/Week
04	3-6 times per week	4		3-6 Times/Week
05	Daily	5		Daily

17	Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)	-		Age At First Use/Intoxication
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No longer effective as of: 02-21-2002

17	Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)	SectionIII		Age First Used
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01-95	Age at First Use, in years	01-95		00-99
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Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Minimum

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
K 18	Type of Services	-		Services Sheet/HIPAA Code + Modifiers
	HIPAA Code + Modifiers			
07	Ambulatory - Non-Intensive Outpatient	H0004		Individual Behavioral Health Counseling and therapy
07	Ambulatory - Non-Intensive Outpatient	H0004HQ		Group Behavioroal Health Counseling and therapy
07	Ambulatory - Non-Intensive Outpatient	H0006		Alcohol and Drug Services
02	Detoxification Free-standing Residential (Detox, 24 hour Service)	H0010		Medically Supervised Detoxification Services
02	Detoxification Free-standing Residential (Detox, 24 hour Service)	H0014		Non-Medical Detoxification Services
05	Rehabilitation/Residential - Long-term, (more than 30 days)	H0018		Resident Treatment - Substance Abuse
05	Rehabilitation/Residential - Long-term, (more than 30 days)	H0019		Intensive Residential Substance Abuse Treatment
07	Ambulatory - Non-Intensive Outpatient	H0022		Substance Abuse Early Intervention
07	Ambulatory - Non-Intensive Outpatient	H0034		Medication Training and Support
07	Ambulatory - Non-Intensive Outpatient	H2015		Community Recovery Support / Recovery Support Specialist
07	Ambulatory - Non-Intensive Outpatient	H2017		Individual Rehabilitative Treatment
07	Ambulatory - Non-Intensive Outpatient	H2017HQ		Group Rehabilitative Treatment
05	Rehabilitation/Residential - Long-term, (more than 30 days)	H2034		Halfway House
07	Ambulatory - Non-Intensive Outpatient	T1016		Court Related Services
07	Ambulatory - Non-Intensive Outpatient	T1017		Case Management Services
07	Ambulatory - Non-Intensive Outpatient	T1018		Day School
07	Ambulatory - Non-Intensive Outpatient	T2022		Intensive Case Management Services
07	Ambulatory - Non-Intensive Outpatient	T2023		Intensive Case Management Services

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Minimum

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
K 18	Type of Services	-		Services Sheet/HIPAA Code + Modifiers
	HIPAA Code + Modifiers			
03	Rehabilitation/Residential - Hospital (other than detox)	001A		Inpatient
01	Detoxification - Hospital Inpatient (Detox, 24 hour Service)	001B		Medical Dextofication
03	Rehabilitation/Residential - Hospital (other than detox)	001C		Acute Medical Care
03	Rehabilitation/Residential - Hospital (other than detox)	001D		Acute Inpatient
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002A		Residential Substance Abuse Treatment
02	Detoxification Free-standing Residential (Detox, 24 hour Service)	002B		Medically Supervised Detoxification
08	Ambulatory Detoxification	002C		Non Medical Detoxification (Social Detox)
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002D		Adolescent Group Home
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002E		Residential Treatment- Acute
05	Rehabilitation/Residential - Long-term, (more than 30 days)	002F		Residential Treatment - Long Term
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002G		Residential Treatment for Adolscents
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002H		Residential Treatment-Women with Children
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002J		Residential Treatment for Dually Diagnosed
02	Detoxification Free-standing Residential (Detox, 24 hour Service)	002K		Non-Medically Detox.-Preg Women and Women with Dependent Childrens
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002M		Services to Dependent Childen of SA res. Treatment
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002N		Intensive Residential SA Treatment
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002S		Residential Treatment - Mental Health
05	Rehabilitation/Residential - Long-term, (more than 30 days)	002T		Intensive Residential Treatment for Women with Dependent Children

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
K 18	Type of Services	-		Services Sheet/HIPAA Code + Modifiers
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002V		Services for Dependent Children of SA Abusers in Intensive Residential Treatment
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003A		Halfway House Services - Pregnant & Post Partum Women
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003B		Half-Way House
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003C		Independent Living
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003D		Community Lodge Program
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003E		Supervised Housing
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003H		Residential Shelter for Dependents
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003K		Residential Care
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003M		Services Dep. Children of Substance Abusers in Halfway
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	003N		Services Dep. Children of Substance Abusers in Res. Tx.
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003S		Halfway House Services for Women with Dep. Children
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003T		Halfway House Services for Dually Diagnosed
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003V		Permanent Congregate Housing for Onsite Support
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003Y		Halfway House services for Adolescents
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003Z		Permanent Congregate Housing
06	Ambulatory - Intensive Outpatient	004C		Day School - 6 Hours
07	Ambulatory - Non-Intensive Outpatient	130		Individual/Counseling/Therapy
07	Ambulatory - Non-Intensive Outpatient	131		Group Counseling/Therapy
07	Ambulatory - Non-Intensive Outpatient	132		Family Marital Counseling

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
K 18	Type of Services	-		Services Sheet/HIPAA Code + Modifiers
07	Ambulatory - Non-Intensive Outpatient	135		Individual Counseling MH Professional
07	Ambulatory - Non-Intensive Outpatient	136		Group Counseling MH Professional
07	Ambulatory - Non-Intensive Outpatient	137		Family /Medical Counseling - MH Professional
07	Ambulatory - Non-Intensive Outpatient	138		Institution Based Substance Abuse Screening
07	Ambulatory - Non-Intensive Outpatient	139		SA Inmate Services
07	Ambulatory - Non-Intensive Outpatient	202		Socialization
07	Ambulatory - Non-Intensive Outpatient	211		SA Dx/ Problem Related Education
07	Ambulatory - Non-Intensive Outpatient	212		Case Management Services
07	Ambulatory - Non-Intensive Outpatient	213		Intensive Case Management
07	Ambulatory - Non-Intensive Outpatient	214		Assertive Community Treatment
07	Ambulatory - Non-Intensive Outpatient	215		Rehab Services
07	Ambulatory - Non-Intensive Outpatient	216		Individual Rehabilitative Treatment
07	Ambulatory - Non-Intensive Outpatient	217		Group Rehabilitative Treatment
07	Ambulatory - Non-Intensive Outpatient	218		Dx (or Presenting Problem) Related Educational Individual
07	Ambulatory - Non-Intensive Outpatient	219		Dx (or Presenting Problem) Related Educational Group
07	Ambulatory - Non-Intensive Outpatient	224		SA Dx. Problem Related Education (Family)
07	Ambulatory - Non-Intensive Outpatient	225		Case Management
07	Ambulatory - Non-Intensive Outpatient	241		Peer Counseling
07	Ambulatory - Non-Intensive Outpatient	243		Employment Training

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

K = Key Field

Minimum

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
K 18	Type of Services	-		Services Sheet/HIPAA Code + Modifiers
07	Ambulatory - Non-Intensive Outpatient	244		Vocational Services
07	Ambulatory - Non-Intensive Outpatient	245		Pre-Vocational Services
07	Ambulatory - Non-Intensive Outpatient	300		Treatment Plan Review
07	Ambulatory - Non-Intensive Outpatient	301		Laboratory
07	Ambulatory - Non-Intensive Outpatient	304		Pharmacological Management
07	Ambulatory - Non-Intensive Outpatient	305		Medical Review
07	Ambulatory - Non-Intensive Outpatient	400		Treatment Planning
07	Ambulatory - Non-Intensive Outpatient	430		Day Treatment (3 Hours At Least 2 Days Per Week)
07	Ambulatory - Non-Intensive Outpatient	431		Psycho-Social Treatment
06	Ambulatory - Intensive Outpatient	432		Intensive Outpatient Substance Abuse Services
06	Ambulatory - Intensive Outpatient	433		Intensive Outpatient Services Individual - SA
06	Ambulatory - Intensive Outpatient	434		Intensive Outpatient Services - Group SA
07	Ambulatory - Non-Intensive Outpatient	436		Illness Management and Recovery (IMR)
07	Ambulatory - Non-Intensive Outpatient	560		SA Early Intervention
No longer effective as of: 06-30-2015				

19	Medication-Assisted Opioid Therapy	-	Agency Code
2	No	-	All other codes
1	Yes	100708380A	agency

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Supplemental

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	-	Not Collected	
2	Detail Drug Code, Secondary	-	Not Collected	
3	Detail Drug Code, Tertiary	-	Not Collected	
4	Diagnostic Code (DSM or ICD) field should be coded 999.98 - field 19 replaces i	-	DSM	
	999.98 Not Collected	N/A		No longer used
4	Diagnostic Code (DSM or ICD) field should be coded 999.98 - field 19 replaces i	-	DSM	
	XXX.XX DSM/ICD codes	xxx.xx		DSM
No longer effective as of: 06-30-2015				
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	-	Diagnosis/Presenting Problem	
	1 Yes	-		Non -AOD diagnoses or presenting problem (500-650)
No longer effective as of: 06-30-2007				

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Supplemental

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	-		Diagnosis/Presenting Problem
2	No	-		All others
1	Yes	-		Non -AOD diagnoses or presenting problem (500-650)

6	Pregnant at Admission	Section II	Is Client Pregnant?
2	No - female client was not pregnant at admission	0	Not Pregnant
1	Yes - female client was pregnant at admission	1-9	Months Pregnant
No longer effective as of: 09-09-2003			

6	Pregnant at Admission	Section II	Is Client Pregnant?
2	No - female client was not pregnant at admission	0	Not Pregnant
1	Yes - female client was pregnant at admission	1-9	Months Pregnant
6	Not Applicable - use this code for male clients or children in prepuberty age	6	sex=male

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Supplemental

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
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7	Veteran Status	-		Military Status
2	No	1		Never Served
2	No	2		Active
2	No	3		Reserves
1	Yes	4		Veteran
1	Yes	5		Retired/Disabled
No longer effective as of: 02-21-2002				

7	Veteran Status	SectionIII		Veteran Status
1	Yes	1		Yes
2	No	2		No

Oklahoma's TEDS - SA
Version : 1

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Supplemental

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
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8	Living Arrangements	Section II	Current Residence:
03	Independent Living - clients living alone or with others but no supervision	A	Permanent Housing
03	Independent Living - clients living alone or with others but no supervision	B	Perm Sup Hou-Non-Cong
02	Dependent Living - clients living in a supervised setting	C	Perm Sup Hou-Cong
02	Dependent Living - clients living in a supervised setting	D	Transitional Housing
03	Independent Living - clients living alone or with others but no supervision	E	Temporary Housing
02	Dependent Living - clients living in a supervised setting	F	RC Facility/Group Home
02	Dependent Living - clients living in a supervised setting	G	Nursing Home
02	Dependent Living - clients living in a supervised setting	H	Institutional Setting
01	Homeless - clients with no fixed address; includes homeless shelter	I	Homeless-Shelter
01	Homeless - clients with no fixed address; includes homeless shelter	J	Homeless-Street

No longer effective as of: 06-30-2008

Oklahoma's TEDS - SA
Version : 1

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Supplemental

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
8	Living Arrangements	Section II	Current Residence:	
03	Independent Living - clients living alone or with others but no supervision	A		Permanent Housing
03	Independent Living - clients living alone or with others but no supervision	B		Perm Sup Hou-Non-Cong
02	Dependent Living - clients living in a supervised setting	C		Perm Sup Hou-Cong
02	Dependent Living - clients living in a supervised setting	D		Transitional Housing
03	Independent Living - clients living alone or with others but no supervision	E		Temporary Housing
02	Dependent Living - clients living in a supervised setting	F		RC Facility/Group Home
02	Dependent Living - clients living in a supervised setting	G		Nursing Home
02	Dependent Living - clients living in a supervised setting	H		Institutional Setting
01	Homeless - clients with no fixed address; includes homeless shelter	I		Homeless-Shelter
01	Homeless - clients with no fixed address; includes homeless shelter	J		Homeless-Street
9	Source of Income/Support	-		Not Collected
10	Health Insurance	Section I	Insurance	
			Not Collected	
97	Unknown	2		Medicare and Medicaid

Oklahoma's TEDS - SA
Version : 1

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Supplemental

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
10	Health Insurance	SectionI	Insurance	
			Not Collected	
03	Medicare	1		Medicare
04	Medicaid	1		Medicaid
98	Not Collected	Blank		Unknown
No longer effective as of: 12-30-2010				

11	Expected/Actual Primary Source of Payment	-	Expected Source Of Payment
08	No Charge (Free, Charity, Special Research or Teaching)	0	None (Charity)
01	Self-Pay	1	Self Pay
07	Other Health Insurance Companies	2	Private Health Insurance
07	Other Health Insurance Companies	3	Health Maint Organization (HMO) Employers Assistance Program (EAP)
03	Medicare	4	Medicare
04	Medicaid	5	Medicaid
07	Other Health Insurance Companies	6	VA
05	Other Government Payments	7	CHAMPUS
06	Worker's Compensation	8	Worker's Compensation
05	Other Government Payments	9	Other Public Resources
No longer effective as of: 02-21-2002			

11	Expected/Actual Primary Source of Payment	-	Not Collected
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Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Supplemental

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
12	Detailed Not in Labor Force	-	Not Collected	
No longer effective as of: 06-30-2006				

12	Detailed Not in Labor Force	-	Type of Employment/Not in Labor Force
01	Homemaker	A	Homemaker
02	Student	B	Student
03	Retired	C	Retired
04	Disabled	D	Disabled
05	Inmate of Institution (Prison or Institution - keeps people out of work force)	E	Inmate of Institution
06	Other	F	Other

13	Detailed Criminal Justice Referral Categories	-	Not Collected
No longer effective as of: 06-30-2003			

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Supplemental

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
13	Detailed Criminal Justice Referral Categories	-		Primary Referral
06	Prison	12		Department of Corrections
04	Other Recognized Legal Entity (Local Law, Corr. Agncy, Youth Ser., Review Board	25		Law Enforcement
01	State/Federal Court	32		Court
03	Probation/Parole	33		Probation
03	Probation/Parole	34		Parole
07	DUI/DWI	35		Dept opf Public Safety
04	Other Recognized Legal Entity (Local Law, Corr. Agncy, Youth Ser., Review Board	48		Office of Juvenile Affairs

14	Marital Status	-		Marital Status
01	Never Married - includes clients who are single or whose	1		Not Married
02	Now Married (includes those living together as married)	2		Married
04	Divorced	3		Divorced
05	Widowed	4		Widowed
02	Now Married (includes those living together as married)	5		Living As Married
03	Separated (legally seperated or otherwise absent becasue of marital discord))	6		Seperated
No longer effective as of: 02-21-2002				

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Supplemental

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
14	Marital Status	Section II	Marital Status.	
01	Never Married - includes clients who are single or whose	1		Never Married
02	Now Married (includes those living together as married)	2		Married
04	Divorced	3		Divorced
05	Widowed	4		Widowed
02	Now Married (includes those living together as married)	5		Living as Married
03	Separated (legally seperated or otherwise absent becasue of marital discord))	6		Seperated
15	Days Waiting to Enter Treatment	-		Not Collected
16	Number of Arrests in the 30 Days Prior to Admission	-		Arrested 30 Days
00-96	Number of Arrests	00		None
00-96	Number of Arrests	01-96		01-99

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

K = Key Field

Supplemental

Oklahoma

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	-		Frequency of Attendance at Self Help Programs
01	No Attendance in past month	0		No Attendance
02	less than once a week -1 to 3 times in past 30 days	1-3		1-3 times in past month
05	4 or more times a week - 16 to 30 times in past 30 days	16-96		16-96 times in past month
03	About once a week - 4 to 7 times in past 30 days	4-7		4-7 times in past month
04	2 to 3 times a week - 8 to 15 times in past 30 days	8-15		8-9 times in past month
19	Diagnostic Code (ICD-10 Form)	-		Substance Abuse Diagnosis ICD - 10
999.9997	Unknown	999.9997		Unknown
999.9998	Not Collected	999.9998		Not collected
xxx.xxxx	7 digit code	xxx.xxxx		ICD-10

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
1	System Transaction at Discharge	-		System Transaction Type Added To Each Record
	A Add	A		Add
	C Change	C		Change
	D Delete	D		Delete
2	State Code at Discharge	-		FIPS Code Added To Each Record
	- State abbreviation according postal codes	-		OK
3	Reporting Date at Discharge	-		Month and Year of Submission Added to Each Record
			MMYYYY	
4	State Provider Identifier at Discharge	-		Provider ID at Discharge
			3	
5	Client Identifier at Discharge	-		Client ID at Discharge
			9	
	No longer effective as of: 02-21-2002			
5	Client Identifier at Discharge	Section I		Client Id - State Unique
			9	

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
6	Co-Dependent/Collateral at Discharge	-		Primary Referral
2	No	-		all other codes
1	Yes	740		Co-Dependent
1	Yes	744		Dependent Child of a SA Client in Treatment
1	Yes	745		Dep Child of Alc Abuse Client
1	Yes	746		Dep Child of Drug Abuse Client
1	Yes	747		Dep Child of Poly- Abuse Client
1	Yes	748		Co-Dependent of an Alc Abuser
1	Yes	749		Co-Dependent of an Drug Abuser
1	Yes	750		Co-Dependent of an Poly-Abuser
1	Yes	751		Family Member or Significant Other of an SA Client

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
6	Co-Dependent/Collateral at Discharge	-		Presenting Problem
2	No	-		All other codes
1	Yes	740,744		Presenting Problem Code Absent (not used since 6/30/1999)
1	Yes	745		Dependent Child of an Alcohol Abuse Client (not used since 6/30/1999)
1	Yes	746		Dependent Child of an Drug Abuse Client
1	Yes	747		Dependent Child of an Poly Abuse Client
1	Yes	748		Co-Dependent of an Alcohol Abuser
1	Yes	749		Co-Dependent of an Drug Abuser
1	Yes	750		Co-Dependent of an Poly Abuser
1	Yes	751		Family Member or Significant Other of an SA Client
No longer effective as of: 06-30-2007				

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Type of Treatment Service/Treatment Setting at Discharge	-		Services Sheet/HIPAA Code + Modifiers
	HIPAA Code + Modifiers			
07	Ambulatory -Non Intensive -Outpatient	H0004		Individual Behavioral Health Counseling and therapy
07	Ambulatory -Non Intensive -Outpatient	H0004HQ		Group Behavioroal Health Counseling and therapy
07	Ambulatory -Non Intensive -Outpatient	H0006		Alcohol and Drug Services
02	Detoxification, 24-Hour Service, Free Standing Residential	H0010		Medically Supervised Detoxification Services
02	Detoxification, 24-Hour Service, Free Standing Residential	H0014		Non-Medical Detoxification Services
05	Rehabilitation/Residential - Long Term (More than 30 Days)	H0018		Resident Treatment - Substance Abuse
05	Rehabilitation/Residential - Long Term (More than 30 Days)	H0019		Intensive Residential Substance Abuse Treatment
07	Ambulatory -Non Intensive -Outpatient	H0022		Substance Abuse Early Intervention
07	Ambulatory -Non Intensive -Outpatient	H0034		Medication Training and Support
07	Ambulatory -Non Intensive -Outpatient	H2015		Community Recovery Support / Recovery Support Specialist
07	Ambulatory -Non Intensive -Outpatient	H2017		Individual Rehabilitative Treatment
07	Ambulatory -Non Intensive -Outpatient	H2017HQ		Group Rehabilitative Treatment
05	Rehabilitation/Residential - Long Term (More than 30 Days)	H2034		Halfway House
07	Ambulatory -Non Intensive -Outpatient	T1016		Court Related Services
07	Ambulatory -Non Intensive -Outpatient	T1017		Case Management Services
07	Ambulatory -Non Intensive -Outpatient	T1018		Day School
07	Ambulatory -Non Intensive -Outpatient	T2022		Intensive Case Management Services

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Type of Treatment Service/Treatment Setting at Discharge	-		Services Sheet/HIPAA Code + Modifiers
07	Ambulatory -Non Intensive -Outpatient	T2023		Intensive Case Management Services

Oklahoma's TEDS - SA
Version : 1

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Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Type of Treatment Service/Treatment Setting at Discharge	-		Services Sheet/HIPAA Code + Modifiers
	HIPAA Code + Modifiers			
03	Rehabilitation/Residential - Hospital (other than detoxification)	001A		Inpatient
01	Detoxification, 24-Hour Service, Hospital Inpatient	001B		Medical Dextofication
03	Rehabilitation/Residential - Hospital (other than detoxification)	001C		Acute Medical Care
03	Rehabilitation/Residential - Hospital (other than detoxification)	001D		Acute Inpatient
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002A		Residential Substance Abuse Treatment
02	Detoxification, 24-Hour Service, Free Standing Residential	002B		Medically Supervised Detoxification
08	Ambulatory Detoxification	002C		Non Medical Detoxification (Social Detox)
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002D		Adolescent Group Home
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002E		Residential Treatment- Acute
05	Rehabilitation/Residential - Long Term (More than 30 Days)	002F		Residential Treatment - Long Term
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002G		Residential Treatment for Adolscents
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002H		Residential Treatment-Women with Children
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002J		Residential Treatment for Dually Diagnosed
02	Detoxification, 24-Hour Service, Free Standing Residential	002K		Non-Medically Detox.-Preg Women and Women with Dependent Childrens
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002M		Services to Dependent Childen of SA res. Treatment
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002N		Intensive Residential SA Treatment
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002S		Residential Treatment - Mental Health

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Type of Treatment Service/Treatment Setting at Discharge	-		Services Sheet/HIPAA Code + Modifiers
05	Rehabilitation/Residential - Long Term (More than 30 Days)	002T		Intensive Residential Treatment for Women with Dependent Children
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002V		Services for Dependent Children of SA Abusers in Intensive Residential Treatment
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003A		Halfway House Services - Pregnant & Post Partum Women
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003B		Half-Way House
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003C		Independent Living
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003D		Community Lodge Program
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003E		Supervised Housing
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003H		Residential Shelter for Dependents
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003K		Residential Care
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003M		Services Dep. Children of Substance Abusers in Halfway
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	003N		Services Dep. Children of Substance Abusers in Res. Tx.
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003S		Halfway House Services for Women with Dep. Children
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003T		Halfway House Services for Dually Diagnosed
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003V		Permanent Congregate Housing for Onsite Support
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003Y		Halfway House services for Adolescents
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003Z		Permanent Congregate Housing
06	Ambulatory - Intensive -Outpatient	004C		Day School - 6 Hours
07	Ambulatory -Non Intensive -Outpatient	130		Individual/Counseling/Therapy

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

K = Key Field

Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Type of Treatment Service/Treatment Setting at Discharge	-		Services Sheet/HIPAA Code + Modifiers
07	Ambulatory -Non Intensive -Outpatient	131		Group Counseling/Therapy
07	Ambulatory -Non Intensive -Outpatient	132		Family Marital Counseling
07	Ambulatory -Non Intensive -Outpatient	135		Individual Counseling MH Professional
07	Ambulatory -Non Intensive -Outpatient	136		Group Counseling MH Professional
07	Ambulatory -Non Intensive -Outpatient	137		Family /Medical Counseling - MH Professional
07	Ambulatory -Non Intensive -Outpatient	138		Institution Based Substance Abuse Screening
07	Ambulatory -Non Intensive -Outpatient	139		SA Inmate Services
07	Ambulatory -Non Intensive -Outpatient	202		Socialization
07	Ambulatory -Non Intensive -Outpatient	211		SA Dx/ Problem Related Education
07	Ambulatory -Non Intensive -Outpatient	212		Case Management Services
07	Ambulatory -Non Intensive -Outpatient	213		Intensive Case Management
07	Ambulatory -Non Intensive -Outpatient	214		Assertive Community Treatment
07	Ambulatory -Non Intensive -Outpatient	215		Rehab Services
07	Ambulatory -Non Intensive -Outpatient	216		Individual Rehabilitative Treatment
07	Ambulatory -Non Intensive -Outpatient	217		Group Rehabilitative Treatment
07	Ambulatory -Non Intensive -Outpatient	218		Dx (or Presenting Problem) Related Educational Individual
07	Ambulatory -Non Intensive -Outpatient	219		Dx (or Presenting Problem) Related Educational Group
07	Ambulatory -Non Intensive -Outpatient	224		SA Dx. Problem Related Education (Family)

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

K = Key Field

Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Type of Treatment Service/Treatment Setting at Discharge	-		Services Sheet/HIPAA Code + Modifiers
07	Ambulatory -Non Intensive -Outpatient	225		Case Management
07	Ambulatory -Non Intensive -Outpatient	241		Peer Counseling
07	Ambulatory -Non Intensive -Outpatient	243		Employment Training
07	Ambulatory -Non Intensive -Outpatient	244		Vocational Services
07	Ambulatory -Non Intensive -Outpatient	245		Pre-Vocational Services
07	Ambulatory -Non Intensive -Outpatient	300		Treatment Plan Review
07	Ambulatory -Non Intensive -Outpatient	301		Laboratory
07	Ambulatory -Non Intensive -Outpatient	304		Pharmacological Management
07	Ambulatory -Non Intensive -Outpatient	305		Medical Review
07	Ambulatory -Non Intensive -Outpatient	400		Treatment Planning
07	Ambulatory -Non Intensive -Outpatient	430		Day Treatment (3 Hours At Least 2 Days Per Week)
07	Ambulatory -Non Intensive -Outpatient	431		Psycho-Social Treatment
06	Ambulatory - Intensive -Outpatient	432		Intensive Outpatient Substance Abuse Services
06	Ambulatory - Intensive -Outpatient	433		Intensive Outpatient Services Individual - SA
06	Ambulatory - Intensive -Outpatient	434		Intensive Outpatient Services - Group SA
07	Ambulatory -Non Intensive -Outpatient	436		Illness Management and Recovery (IMR)
07	Ambulatory -Non Intensive -Outpatient	560		SA Early Intervention

No longer effective as of: 06-30-2015

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
8	Date of Last Contact or Data Update	-	Last Service Date MMDDYYYY	
9	Date of Discharge	-	Transaction Date MMDDYYYY	

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

K = Key Field

Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
10	Reason for Discharge, Transfer, or Discontinuance of Treatment	-		Transaction Type
01	Treatment Completed	60		Completed Treatment
01	Treatment Completed	61		Completed Court Treatment
02	Dropped out of treatment (lost contact, Left Against Professional Advice	62		Left ACA/90 Days No Contact
07	Other - includes aging out of MH childrens system, extended placement (condition	63		Moved
04	Transferred to Another Treatment Program or Facility	64		Transferred to Another Facility
05	Incarerated or released by or to courts	65		Incarcerated
03	Ternimated by Facility	66		Broke Rules
02	Dropped out of treatment (lost contact, Left Against Professional Advice	67		AWOL
06	Death	68		Death
02	Dropped out of treatment (lost contact, Left Against Professional Advice	69		Failed to Begin Treatment
07	Other - includes aging out of MH childrens system, extended placement (condition	70		Treatment Incompatilby
07	Other - includes aging out of MH childrens system, extended placement (condition	71		Discharge/Medical
07	Other - includes aging out of MH childrens system, extended placement (condition	72		Discharge/Children Related to Parent Discharge
07	Other - includes aging out of MH childrens system, extended placement (condition	91		Admistrative Discharge - Agency Closed
02	Dropped out of treatment (lost contact, Left Against Professional Advice	92		Admistrative Discharge - Client not seen in 180 days

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

K = Key Field

Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
10	Reason for Discharge, Transfer, or Discontinuance of Treatment	-		Transaction Type
01	Treatment Completed	60		Completed Treatment
01	Treatment Completed	61		Completed Court Treatment
02	Dropped out of treatment (lost contact, Left Against Professional Advice	62		Left ACA/90 Days No Contact
07	Other - includes aging out of MH childrens system, extended placement (condition	63		Moved
04	Transferred to Another Treatment Program or Facility	64		Transferred to Another Facility
05	Incarerated or released by or to courts	65		Incarcerated
03	Ternimated by Facility	66		Broke Rules
02	Dropped out of treatment (lost contact, Left Against Professional Advice	67		AWOL
06	Death	68		Death
02	Dropped out of treatment (lost contact, Left Against Professional Advice	69		Failed to Begin Treatment
07	Other - includes aging out of MH childrens system, extended placement (condition	70		Treatment Incompatilby
07	Other - includes aging out of MH childrens system, extended placement (condition	91		Admistrative Discharge - Agency Closed
02	Dropped out of treatment (lost contact, Left Against Professional Advice	92		Admistrative Discharge - Client not seen in 180 days
No longer effective as of: 06-30-2008				

11	Provider Identifier at Admission	-	Admission History.
	3 characters		

12	Client Identifier at Admission	Section I	Client Id - State Unique
	9 characters		

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

K = Key Field

Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
13	Co-Dependent/Collateral at Admission	-		Presenting Problem
1	Codependent/collateral	740,744		Presenting Problem Code Present
1	Codependent/collateral	745		Dependent Child of an Alcohol Abuse Client (not used since 6/30/1999)
1	Codependent/collateral	746		Dependent Child of an Drug Abuse Client
1	Codependent/collateral	747		Dependent Child of an Poly Abuse Client
1	Codependent/collateral	748		Co-Dependent of an Alcohol Abuser
1	Codependent/collateral	749		Co-Dependent of an Drug Abuser
1	Codependent/collateral	750		Co-Dependent of an Poly Abuser
1	Codependent/collateral	751		Family Member or Significant Other of an SA Client
No longer effective as of: 06-30-2007				

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
13	Co-Dependent/Collateral at Admission	-		Primary Referral
2	Client	-		all other codes
1	Codependent/collateral	740		Co-Dependent
1	Codependent/collateral	744		Dependent Child of a SA Client in Treatment
1	Codependent/collateral	745		Dep Child of Alc Abuse Client
1	Codependent/collateral	746		Dep Child of Drug Abuse Client
1	Codependent/collateral	747		Dep Child of Poly- Abuse Client
1	Codependent/collateral	748		Co-Dependent of an Alc Abuser
1	Codependent/collateral	749		Co-Dependent of an Drug Abuser
1	Codependent/collateral	750		Co-Dependent of an Poly-Abuser
1	Codependent/collateral	751		Family Member or Significant Other of an SA Client
14	Client Transaction Type (pulled from admission dataset)	-		Transaction Type
A	Initial Admission (SA)	23		Admission
T	Transfer or change in service (SA)	40		Level of Care Change

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

K = Key Field

Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
14	Client Transaction Type (pulled from admission dataset)	-		Transaction Type
A	Initial Admission (SA)	23		Admission
T	Transfer or change in service (SA)	40		Sublevel of Care Change
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15	Date of Admission (pulled from admission dataset)	-		Transaction Date
MMDDYYYY				

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
16	Type of Service at Admission (pulled from admission dataset)	-		Services Sheet/HIPAA Code + Modifiers
03	Rehabilitation/Residential - Hospital (other than Detoxification)	001A		Inpatient
01	Detoxification, 24-hour service - Hospital Inpatient	001B		Medical Dextofication
03	Rehabilitation/Residential - Hospital (other than Detoxification)	001C		Acute Medical Care
03	Rehabilitation/Residential - Hospital (other than Detoxification)	001D		Acute Inpatient
04	Rehabilitation/Residential - Short Term (30 days or fewer)	002A		Residential Substance Abuse Treatment
02	Detoxification , 24 hour service , Free-Standing Residential	002B		Medically Supervised Detoxification
08	Ambulatory Detoxification	002C		Non Medical Detoxification (Social Detox)
04	Rehabilitation/Residential - Short Term (30 days or fewer)	002D		Adolescent Group Home
04	Rehabilitation/Residential - Short Term (30 days or fewer)	002E		Residential Treatment- Acute
05	Rehabilitation/Residential - Long Term (more than 30 days)	002F		Residential Treatment - Long Term
04	Rehabilitation/Residential - Short Term (30 days or fewer)	002G		Residential Treatment for Adolscents
04	Rehabilitation/Residential - Short Term (30 days or fewer)	002H		Residential Treatment-Women with Children
04	Rehabilitation/Residential - Short Term (30 days or fewer)	002J		Residential Treatment for Dually Diagnosed
02	Detoxification , 24 hour service , Free-Standing Residential	002K		Non-Medically Detox.-Preg Women and Women with Dependent Childrens
04	Rehabilitation/Residential - Short Term (30 days or fewer)	002M		Services to Dependent Childen of SA res. Treatment
04	Rehabilitation/Residential - Short Term (30 days or fewer)	002N		Intensive Residential SA Treatment
04	Rehabilitation/Residential - Short Term (30 days or fewer)	002S		Residential Treatment - Mental Health
05	Rehabilitation/Residential - Long Term (more than 30 days)	003A		Halfway House Services - Pregnant & Post Partum Women

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
16	Type of Service at Admission (pulled from admission dataset)	-		Services Sheet/HIPAA Code + Modifiers
05	Rehabilitation/Residential - Long Term (more than 30 days)	003B		Half-Way House
05	Rehabilitation/Residential - Long Term (more than 30 days)	003C		Independent Living
05	Rehabilitation/Residential - Long Term (more than 30 days)	003D		Community Lodge Program
05	Rehabilitation/Residential - Long Term (more than 30 days)	003E		Supervised Housing
05	Rehabilitation/Residential - Long Term (more than 30 days)	003H		Residential Shelter for Dependents
05	Rehabilitation/Residential - Long Term (more than 30 days)	003K		Residential Care
05	Rehabilitation/Residential - Long Term (more than 30 days)	003M		Services Dep. Children of Substance Abusers in Halfway
04	Rehabilitation/Residential - Short Term (30 days or fewer)	003N		Services Dep. Children of Substance Abusers in Res. Tx.
05	Rehabilitation/Residential - Long Term (more than 30 days)	003S		Halfway House Services for Women with Dep. Children
05	Rehabilitation/Residential - Long Term (more than 30 days)	003T		Halfway House Services for Dually Diagnosed
05	Rehabilitation/Residential - Long Term (more than 30 days)	003V		Permanent Congregate Housing for Onsite Support
05	Rehabilitation/Residential - Long Term (more than 30 days)	003Y		Halfway House services for Adolescents
05	Rehabilitation/Residential - Long Term (more than 30 days)	003Z		Permanent Congregate Housing
06	Ambulatory - Intensive Outpatient	004C		Day School - 6 Hours
07	Ambulatory - Non-Intensive Outpatient	130		Individual/Counseling/Therapy
07	Ambulatory - Non-Intensive Outpatient	131		Group Counseling/Therapy
07	Ambulatory - Non-Intensive Outpatient	132		Family Marital Counseling
07	Ambulatory - Non-Intensive Outpatient	135		Individual Counseling MH Professional

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
16	Type of Service at Admission (pulled from admission dataset)	-		Services Sheet/HIPAA Code + Modifiers
07	Ambulatory - Non-Intensive Outpatient	136		Group Counseling MH Professional
07	Ambulatory - Non-Intensive Outpatient	137		Family /Medical Counseling - MH Professional
07	Ambulatory - Non-Intensive Outpatient	138		Institution Based Substance Abuse Screening
07	Ambulatory - Non-Intensive Outpatient	202		Socialization
07	Ambulatory - Non-Intensive Outpatient	211		SA Dx/ Problem Related Education
07	Ambulatory - Non-Intensive Outpatient	212		Case Management Services
07	Ambulatory - Non-Intensive Outpatient	213		Intensive Case Management
07	Ambulatory - Non-Intensive Outpatient	214		Assertive Community Treatment
07	Ambulatory - Non-Intensive Outpatient	215		Rehab Services
07	Ambulatory - Non-Intensive Outpatient	216		Individual Rehabilitative Treatment
07	Ambulatory - Non-Intensive Outpatient	217		Group Rehabilitative Treatment
07	Ambulatory - Non-Intensive Outpatient	218		Dx (or Presenting Problem) Related Educational Individual
07	Ambulatory - Non-Intensive Outpatient	219		Dx (or Presenting Problem) Related Educational Group
07	Ambulatory - Non-Intensive Outpatient	224		SA Dx. Problem Related Education (Family)
07	Ambulatory - Non-Intensive Outpatient	225		Case Management
07	Ambulatory - Non-Intensive Outpatient	241		Peer Counseling
07	Ambulatory - Non-Intensive Outpatient	243		Employment Training
07	Ambulatory - Non-Intensive Outpatient	244		Vocational Services

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
16	Type of Service at Admission (pulled from admission dataset)	-		Services Sheet/HIPAA Code + Modifiers
07	Ambulatory - Non-Intensive Outpatient	245		Pre-Vocational Services
07	Ambulatory - Non-Intensive Outpatient	300		Treatment Plan Review
07	Ambulatory - Non-Intensive Outpatient	301		Laboratory
07	Ambulatory - Non-Intensive Outpatient	304		Pharmacological Management
07	Ambulatory - Non-Intensive Outpatient	305		Medical Review
07	Ambulatory - Non-Intensive Outpatient	400		Treatment Planning
07	Ambulatory - Non-Intensive Outpatient	430		Day Treatment (3 Hours At Least 2 Days Per Week)
07	Ambulatory - Non-Intensive Outpatient	431		Psycho-Social Treatment
06	Ambulatory - Intensive Outpatient	432		Intensive Outpatient Substance Abuse Services
06	Ambulatory - Intensive Outpatient	433		Intensive Outpatient Services Individual - SA
06	Ambulatory - Intensive Outpatient	434		Intensive Outpatient Services - Group SA
07	Ambulatory - Non-Intensive Outpatient	560		SA Early Intervention

No longer effective as of: 06-30-2008

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

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Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
16	Type of Service at Admission (pulled from admission dataset)	-		Services Sheet/HIPAA Code + Modifiers
01	Detoxification, 24-hour service - Hospital Inpatient	001B		Medical Dextofication
02	Detoxification , 24 hour service , Free-Standing Residential	002B		Medically Supervised Detoxification
07	Ambulatory - Non-Intensive Outpatient	H0004		Individual Behavioral Health Counseling and therapy
07	Ambulatory - Non-Intensive Outpatient	H0004HQ		Group Behaviroal Health Counseling and therapy
07	Ambulatory - Non-Intensive Outpatient	H0006		Alcohol and Drug Services
02	Detoxification , 24 hour service , Free-Standing Residential	H0010		Medically Supervised Detoxification Services
02	Detoxification , 24 hour service , Free-Standing Residential	H0014		Non-Medical Detoxification Services
05	Rehabilitation/Residential - Long Term (more than 30 days)	H0018		Resident Treatment - Substance Abuse
05	Rehabilitation/Residential - Long Term (more than 30 days)	H0019		Intensive Residential Substance Abuse Treatment
07	Ambulatory - Non-Intensive Outpatient	H0022		Substance Abuse Early Intervention
07	Ambulatory - Non-Intensive Outpatient	H0034		Medication Training and Support
07	Ambulatory - Non-Intensive Outpatient	H2015		Community Recovery Support / Recovery Support Specialist
07	Ambulatory - Non-Intensive Outpatient	H2017		Individual Rehabilitative Treatment
07	Ambulatory - Non-Intensive Outpatient	H2017HQ		Group Rehabilitative Treatment
05	Rehabilitation/Residential - Long Term (more than 30 days)	H2034		Halfway House
07	Ambulatory - Non-Intensive Outpatient	T1016		Court Related Services
07	Ambulatory - Non-Intensive Outpatient	T1017		Case Management Services
07	Ambulatory - Non-Intensive Outpatient	T1018		Day School

Oklahoma's TEDS - SA
Version : 1

K = Key Field

Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
16	Type of Service at Admission (pulled from admission dataset)	-		Services Sheet/HIPAA Code + Modifiers
07	Ambulatory - Non-Intensive Outpatient	T2022		Intensive Case Management Services
07	Ambulatory - Non-Intensive Outpatient	T2023		Intensive Case Management Services
17	Date of Birth (pulled from admission dataset)	Section I		Birth Year
			MMDDYYYY	
18	Gender (pulled from admission dataset)	-		Admission History.
2	Female	F		Female
1	Male	M		Male
19	Race (pulled from admission dataset)	Section I		Client Race/Ethnicity.
02	American Indian	1		American Indian
23	Native Hawaiian or other Pacific Islander	1		Native Hawaiian or Pacific Islander
21	Two or more races	1		Two or more races
04	Black or African American	1		Black/African American
05	White	1		White
03	Asian or Pacific Islander	1		Asian

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

K = Key Field

Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
20	Ethnicity (pulled from admission dataset)	Section I	Client Race/Ethnicity.	
06	Hispanic or Latino - specific origin not specified	1		Hispanic
05	Not of Specific Hispanic or Latino Origin	2		Non-Hispanic/Latino

Oklahoma's TEDS - SA
Version : 1

K = Key Field

Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
21	Substance Problem At Discharge, (Primary, Secondary, Tertiary)	SectionIII	Drugs of Choice	
01	None	01	None	
02	Alcohol	02	Alcohol	
05	Heroin	03	Heroin	
06	Non-Prescription Methadone	04	Non-RX Methadone	
07	Other Opiates and Synthetics	05	Other Opiates & Synectics	
15	Barbiturates	06	Barbituates	
16	Other Sedatives or Hypontics	07	Other Sediatives/Hypnotics	
11	Other Amphetamines	08	Amphetamines	
03	Cocaine/Crack	09	Cocaine	
04	Marijuana/Hashish	10	Marijuana/Hashish	
09	Hallucinogens	11	Other Hallucinogens	
17	Inhalants	12	Inhalants	
18	Over-The-Counter medicines	13	Over-the-counter	
14	Other Tranquilizer	14	Tranquilizers	
08	PCP- phencyclidine	15	PCP	
20	Other	16	Other	
20	Other	17	Unknown	
20	Other	18	Methamphetamines	

Oklahoma's TEDS - SA
Version : 1

K = Key Field

Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
21	Substance Problem At Discharge, (Primary, Secondary, Tertiary)	SectionIII		Drugs of Choice
13	Benzodiazepines	19		Benzodiazepine
12	Other Stimulants	20		Other Stimulants
20	Other	21		Club Drugs
22	Frequency of Use at Discharge (Primary, Secondary, Tertiary)	SectionIII		Frequency of Use.
01	No Use in the Past Month	1		No Past Month Use
02	1-3 Times in the Past Month	2		1-3 Times/Month
03	1-2 Times in the Past Week	3		1-2 Times/Week
04	3-6 Times in the Past Week	4		3-6 Times/Week
05	Daily	5		Daily

Oklahoma's TEDS - SA
Version : 1

K = Key Field

Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
23	Living Arrangements at Discharge	Section II	Current Residence:	
03	Independent Living - clients living alone or with others but no supervision	A	Permanent Housing	
03	Independent Living - clients living alone or with others but no supervision	B	Perm Sup Hou-Non-Cong	
02	Dependent Living - clients living in a supervised setting	C	Perm Sup Hou-Cong	
02	Dependent Living - clients living in a supervised setting	D	Transitional Housing	
03	Independent Living - clients living alone or with others but no supervision	E	Temporary Housing	
02	Dependent Living - clients living in a supervised setting	F	RC Facility/Group Home	
02	Dependent Living - clients living in a supervised setting	G	Nursing Home	
02	Dependent Living - clients living in a supervised setting	H	Institutional Setting	
01	Homeless - clients with no fixed address; includes homeless shelter	I	Homeless-Shelter	
01	Homeless - clients with no fixed address; includes homeless shelter	J	Homeless-Street	

23	Living Arrangements at Discharge	Section II	Current Residence:
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24	Employment at Discharge	Section II	Employment.
01	Full Time - works 35 or more hours a week- includes military	1	Full-time
02	Part Time - works less tahn 35 hours per week	2	Part-time
03	Unemployed - looking for work in past 30 days or on layoff from job	3	Unemployed
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	4	Not in labor force

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

K = Key Field

Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
25	Detailed Not In Labor Force at Discharge	-		Not Collected
98	Not Collected	98		Not Collected
No longer effective as of: 06-30-2006				

25	Detailed Not In Labor Force at Discharge	-	Type of Employment/Not in Labor Force
01	Homemaker	A	Homemaker
02	Student	B	Student
03	Retired	C	Retired
04	Disabled	D	Disabled
05	Inmate of Institution (Prison or Institution - keeps people out of work force)	E	Inmate of Institution
06	Other	F	Other

26	Number of Arrests in 30 Days Prior to Discharge	-	Arrested 30 Days
00-96	Number of Arrests	00	None
00-96	Number of Arrests	01-96	01-99

Crosswalk Report

Oklahoma's TEDS - SA
Version : 1

K = Key Field

Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
26	Number of Arrests in 30 Days Prior to Discharge	-		Arrested 30 Days
00-96	Number of Arrests	00		None
00-96	Number of Arrests	01-96		01-99
No longer effective as of: 06-03-2007				

27	Frequency of Attendance at Self-Help program in the 30 Days Prior to Discharge	-		Frequency of Attendance at Self Help Programs
01	No Attendance in past month	0		No Attendance
02	less than once a week -1 to 3 times in past 30 days	1-3		1-3 times in past month
05	4 or more times a week - 16 to 30 times in past 30 days	16-96		16-96 times in past month
03	About once a week - 4 to 7 times in past 30 days	4-7		4-7 times in past month
04	2 to 3 times a week - 8 to 15 times in past 30 days	8-15		8-9 times in past month

28	Client Transaction Type - Discharge	-		Client Transaction Type (Discharge)
D	Discharge (SA)	40		Level of Care Change
D	Discharge (SA)	60-92		Discharge

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report