

## **Attachment 2**

### **TEDS Data Elements**

**2.1 - TEDS Admission Data Elements**

**2.2 - TEDS Discharge Data Elements**

# Attachment 2

## TEDS Data Elements

The Treatment Episode Data Set (TEDS) data elements listed in sections 2.1 and 2.2 of this attachment include the new National Outcome Measures (NOMS) data elements. The NOMS will be reported in TEDS by States that are participating in the State Outcomes Measurement and Management System (SOMMS) subcontracts under DASIS.

### **Participation in SOMMS includes reporting the following TEDS data elements:**

#### **Admissions:**

- All data elements in the Admissions System and Minimum Data Sets (section 2.1 below);
- Three data elements in the Admissions Supplemental Data Set, including one new NOMS admission data element (shaded in Section 2.1);

#### **Discharges:**

- All data elements in the Discharge Data Set (section 2.2 below);
- Ten new NOMS discharge data elements (shaded in section 2.2); and

#### **Unique Client ID:**

- A state-wide unique client identifier to be implemented by the end of FY 2007 (shaded in sections 2.1 and 2.2.)

(Detailed data element definitions and technical reporting instructions are provided in Attachment 3 (admissions) and Attachment 4 (discharges) of this RFP, and are also available in the ***Treatment Episode Data Set State Instruction Manual - Admission Data*** and the ***Treatment Episode Data Set State Instruction Manual - Discharge Data***. Both manuals are available on-line at:  
<http://www.dasis.samhsa.gov/dasis2/teds.htm>

## 2.1 - TEDS Admissions Data Elements

### DATA ELEMENTS FOR ADMISSION RECORD

#### SYSTEM DATA SET

SYSTEM TRANSACTION TYPE (SDS 1)

STATE CODE – KEY FIELD (SDS 2)

REPORTING DATE (SDS 3)

#### MINIMUM DATA SET

PROVIDER IDENTIFIER – KEY FIELD (MDS 1)

CLIENT IDENTIFIER – KEY FIELD (MDS 2)

[NOMS reporting will require that by the end of FY 2007 the State's client identification number be unique within the State and be used each time the client receives substance abuse treatment services, regardless of provider.] NOM

CO-DEPENDENT/COLLATERAL – KEY FIELD (MDS 3)

CLIENT TRANSACTION TYPE – KEY FIELD (MDS 4)

DATE OF ADMISSION – KEY FIELD (MDS 5)

TYPE OF SERVICES – KEY FIELD (MDS 18)

NUMBER OF PRIOR TREATMENT EPISODES (MDS 6)

PRINCIPAL SOURCE OF REFERRAL (MDS 7)

DATE OF BIRTH (MDS 8)

SEX (MDS 9)

RACE (MDS 10)

ETHNICITY (MDS 11)

EDUCATION (MDS 12)

EMPLOYMENT STATUS (MDS 13)

SUBSTANCE PROBLEM CODE, PRIMARY (MDS 14 (A))

SUBSTANCE PROBLEM CODE, SECONDARY (MDS 14 (B))

SUBSTANCE PROBLEM CODE, TERTIARY (MDS 14 (C))

USUAL ROUTE OF ADMINISTRATION, PRIMARY (MDS 15 (A))

USUAL ROUTE OF ADMINISTRATION, SECONDARY (MDS 15 (B))

USUAL ROUTE OF ADMINISTRATION, TERTIARY (MDS 15 (C))

FREQUENCY OF USE, PRIMARY (MDS 16 (A))

FREQUENCY OF USE, SECONDARY (MDS 16 (B))

FREQUENCY OF USE, TERTIARY (MDS 16 (C))

AGE OF FIRST USE, PRIMARY (MDS 17 (A))

AGE OF FIRST USE, SECONDARY (MDS 17 (B))

AGE OF FIRST USE, TERTIARY (MDS 17 (C))

OPIOID REPLACEMENT THERAPY (PLANNED OR ACTUAL) (MDS 19)

**SUPPLEMENTAL DATA SET**

DETAILED DRUG CODE, PRIMARY (SuDS 1)

DETAILED DRUG CODE, SECONDARY (SuDS 2)

DETAILED DRUG CODE, TERTIARY (SuDS 3)

DSM DIAGNOSIS (SuDS 4)

PSYCHIATRIC PROBLEM IN ADDITION TO ALCOHOL OR DRUG PROBLEM (SuDS 5)

PREGNANT AT TIME OF ADMISSION (SuDS 6)

VETERAN STATUS (SuDS 7)

LIVING ARRANGEMENTS (SuDS 8) NOM

SOURCE OF INCOME/SUPPORT (SuDS 9)

HEALTH INSURANCE (SuDS 10)

EXPECTED/ACTUAL PRIMARY SOURCE OF PAYMENT (SuDS 11)

DETAILED NOT IN LABOR FORCE (SuDS 12) NOM

DETAILED CRIMINAL JUSTICE REFERRAL (SuDS 13)

MARITAL STATUS (SuDS 14)

DAYS WAITING TO ENTER TREATMENT (SuDS 15)

ARRESTS IN 30 DAYS PRIOR TO ADMISSION (SuDS 16) NOM

## 2.2 - TEDS Discharge Data Elements

### DATA ELEMENTS FOR DISCHARGE RECORD

#### **SYSTEM DATA SET**

SYSTEM TRANSACTION TYPE (DIS 1)

STATE CODE - KEY FIELD (DIS 2)

REPORTING DATE (DIS 3)

#### **DISCHARGE DATA SET**

PROVIDER IDENTIFIER - KEY FIELD (DIS 4)

CLIENT IDENTIFIER - KEY FIELD (DIS 5)

[NOMS reporting will require that by the end of FY 2007 the State's client identification number be unique within the State and be used each time the client receives substance abuse treatment services regardless of provider.] NOM

CO-DEPENDENT/COLLATERAL - KEY FIELD (DIS 6)

TYPE OF SERVICE AT DISCHARGE (DIS 7)

DATE OF LAST CONTACT (DIS 8)

DATE OF DISCHARGE - KEY FIELD (DIS 9)

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

#### **(FROM ADMISSION RECORD:)**

PROVIDER IDENTIFIER AT ADMISSION (DIS 11)

CLIENT IDENTIFIER AT ADMISSION (DIS 12)

CO-DEPENDENT/COLLATERAL (DIS 13)

CLIENT TRANSACTION TYPE (FROM ADMISSION RECORD) (DIS 14)

DATE OF ADMISSION (FROM ADMISSION RECORD) (DIS 15)

TYPE OF SERVICE AT ADMISSION (DIS 16)

DATE OF BIRTH (DIS 17)

SEX (DIS 18)

RACE (DIS 19)

ETHNICITY (DIS 20)

## **NOMS DATA ELEMENTS – DISCHARGE DATA SET**

SUBSTANCE PROBLEM AT DISCHARGE, PRIMARY (DIS 21 (A)) NOM

SUBSTANCE PROBLEM AT DISCHARGE, SECONDARY (DIS 21 (B)) NOM

SUBSTANCE PROBLEM AT DISCHARGE, TERTIARY (DIS 21 (C)) NOM

FREQUENCY OF USE AT DISCHARGE, PRIMARY (DIS 22 (A)) NOM

FREQUENCY OF USE AT DISCHARGE, SECONDARY (DIS 22 (B)) NOM

FREQUENCY OF USE AT DISCHARGE, TERTIARY (DIS 22 (C)) NOM

LIVING ARRANGEMENTS AT DISCHARGE (DIS 23) NOM

EMPLOYMENT STATUS AT DISCHARGE (DIS 24) NOM

DETAILED NOT IN LABOR FORCE AT DISCHARGE (DIS 25) NOM

ARRESTS IN 30 DAYS PRIOR TO DISCHARGE (DIS 26) NOM