Nebraska Crosswalk Worksheet - SOMMS Reporting

Rev. 2012-05-25 **Use Attachements as appropriate**

TEDS/SOMMS DATA			State Data		
TEDS #	**Code**	**Data item description**	**State item #**	**Code**	**Corresponding State Data Item Description**
SDS 1	**System Transaction Type**		NA	**System Transaction Type**	
	A	Add		A	A Add
	C	Change		C	C Change
	D	Delete		D	D Delete
SDS 2	**State Code**		NA	**FIPS State Code**	
				31	Nebraska
SDS 3	**Reporting date** (MMYYYY)		NA	**Month and year data file submitted**	
MDS 1	**Provider ID**			**Provider ID**	
		1-15 characters			6 Digit ISATS Number with NE Prefix
MDS 2	**Client ID**			**Client ID**	
		1-15 characters			15 Digit Truncated Magellan Case Number
MDS 3	**Co-dependent/collateral**			**Co-dependent/collateral**	
	1	Yes		Y	Yes
	2	No		N	No - Default = Client
MDS 4	**Client transaction type**		NA	**Client transaction type**	
	A	Admission		A	Admission
	T	Transfer		T	Transfer
MDS 5	**Date of Admission**			**Admission Date**	
		MMDDYYYY			MMDDCCYY
MDS 6	**No. Prior treatment episodes**			**No. Prior Tx Episodes**	
	0	0 Previous episodes		00	No previous episodes
	1	1 Previous episodes		01	1 Previous Episode (client self report)
	2	2 Previous episodes		02	2 Previous Episodes (client self report)
	3	3 Previous episodes		03	3 Previous Episodes (client self report)
	4	4 Previous episodes		04	4 Previous Episodes (client self report)
	5	5 or more Previous episodes		05	5 or more Previous Episodes (client self report)
	7	Unknown		07	Unknown
	8	Not collected *			
MDS 7	**Principal source of referral**			**Admission Referral Source**	
	01	Individual			See Admission Referral TAB
	02	Alcohol/ Drug Abuse care provider			
	03	Other health care provider			
	04	School			
	05	Employer / EPA			
	06	Other community referral			
	07	Court/criminal justice referral			
	97	Unknown			
	98	Not collected *			
MDS 8	**Date of Birth**			**Date of Birth**	

TEDS/SOMMS DATA			State Data		
TEDS #	Code	Data item description	State item #	Code	Corresponding State Data Item Description
		MMDDYYYY			MMDDCCYY
MDS 9	**Sex**			**Gender**	
	1	Male		001	Male
	2	Female		002	Female
	7	Unknown			
	8	Not collected *			
MDS 10	**Race**			**Race**	
	01	Alaskan Native		024	Alaska Native
	02	American Indian		019	American Indian
	13	Asian		014	Asian
	23	Native Hawaiian		040	Native Hawaiian
	23	Other Pacific Islander		041	Other Pacific Islander
	04	Black or African American		015	Black or African American
	05	White		013	White (default)
	20	Other single race		039	Other - Single race
	21	Two or more races		022	Two or more races
	97	Unknown		037	Unknown
	98	Not collected *			
MDS 11	**Ethnicity**			**Ethnicity**	
	01	Puerto Rican		003	Puerto Rican
	02	Mexican		004	Mexican
	03	Cuban		005	Cuban
	04	Other Specific Hispanic		001	Other Specific Hispanic
	05	Not of Hispanic Origin		002	Not of Hispanic Origin
	06	Hispanic - specific origin unknown		006	Hispanic - specific origin unknown
	97	Unknown		998	Unknown
	98	Not collected *			
MDS 12	**Education**			**Education**	
	00	Less than one grade completed			See Education TAB
	01-xx	Years completed			
	97	Unknown			
	98	Not collected *			
MDS 13	**Employment status**			**Employment Status**	
	01	Full-time			See Employ Stat Admit TAB
	02	Part-time			
	03	Unemployed			
	04	Not in labor force			
	97	Unknown			
	98	Not collected *			
MDS 14 (A, B, C)	**Substance Problem, (primary, secondary and tertiary)**			**Primary, Secondary, Tertiary Substance of Abuse**	
	01	None			See SubAbu1,2,3 TAB
	02	Alcohol			
	03	Cocaine/Crack			
	04	Marijuana/Hashish			
	05	Heroin			
	06	Non-Prescription Methadone			
	07	Other Opiates And Synthetics			
	08	PCP-phencyclidine			
	09	Other Hallucinogens			
	10	Methamphetamine			

TEDS/SOMMS DATA			State Data		
TEDS #	Code	Data item description	State item #	Code	Corresponding State Data Item Description
	11	Other Amphetamines			
	12	Other Stimulants			
	13	Benzodiazepine			
	14	Other non-Benzodiazepine Tranquilizers			
	15	Barbiturates			
	16	Other Non-Barbiturate Sedatives or Hypnotics			
	17	Inhalants			
	18	Over-The-Counter			
	20	Other			
	97	Unknown			
	98	Not collected *			
MDS 15 (A, B, C)	**Usual route of administration (primary, secondary and tertiary)**			**Route (1, 2, 3 problem)**	
	01	Oral		001	Oral
	02	Smoking		002	Smoke
	03	Inhalation		003	Nasal
	04	Injection		004	IV-IM
	20	Other		100	Other
	96	** ** Not applicable			
	97	Unknown		099	Unknown
	98	Not collected *			
MDS 16 (A, B, C)	**Frequency of Use (Primary, secondary and tertiary)**			**Frequency of Use (Primary, secondary and tertiary)**	
	01	No Use In The Past Month		001	No use Past Month
	02	1-3 Times In Past Month		003	1-3 times past month
	03	1-2 Times In Past Week		002	1-2 times past week
	04	3-6 Times In Past Week		004	3-6 times / week
	05	Daily		005	Daily
	96	** Not applicable		Blank	** Not applicable
	97	Unknown		100	Other
	97	Unknown		099	Unknown
	98	Not collected *			
MDS 17 (A, B, C)	**Age of first use (primary, secondary and tertiary)**			**Age of First Use (primary, secondary and tertiary)**	
	00	Problem.			
	01-95	Age At First Use.		1-95	01 - 95 Age of first use
	96	** Not applicable		96	** Not applicable
	97	Unknown			
	98	Not collected *			
MDS 18	**Type of Service**			**Level of Care**	
	01	Detox - Hosp Inpatient			See Level of Care TAB
	02	Detox - free-standing residential			
	03	Rehab/residential -Hospital			
	04	Rehab/residential short term			
	05	Rehab/residential long term			
	06	Ambulatory - Intensive			
	07	Ambulatory - non-intensive			
	08	Ambulatory - Detox			
MDS 19	**Opioid Replacement Therapy**			**Is Use of Methadone Planned**	
	1	Yes		Y	Yes
	2	No		N	No
	7	Unknown			

TEDS/SOMMS DATA			State Data		
TEDS #	Code	Data item description	State item #	Code	Corresponding State Data Item Description
	8	Not collected *			

SuDS (1, 2, 3)	Detailed Drug code (primary, secondary and tertiary)			Detailed Drug code (primary, secondary and tertiary)	
	0201	Alcohol			See Detailed Drug 1,2,3 TAB
	0301	Crack			
	0302	Other Cocaine			
	0401	Marijuana/Hashish			
	0501	Heroin			
	0601	Non-prescription Methadone			
	0701	Codeine			
	0702	Propoxyphene (Darvon)			
	0703	Oxycodone (Oxycontin)			
	0704	Meperidine (Demerol)			
	0705	Hydromorphone (Dilaudid)			
	0706	Other Opiates or Synthetics			
	0707	Pentazocine (Talwin)			
	0708	Hydrocodone (Vicodin)			
	0709	Tramadol (Ultram)			
	0801	PCP or PCP Combination			
	0901	LSD			
	0902	Other Hallucinogens			
	1001	Methamphetamine/Speed			
	1101	Amphetamine			
	1103	MDMA, Ecstasy			
	1109	Other Amphetamines			
	1201	Other Stimulants			
	1202	Methylphenidate (Ritalin)			
	1301	Alprazolam (Xanax)			
	1302	Chlordiazepoxide (Librium)			
	1303	Clorazepate (Tranzene)			
	1304	Diazepam (Valium)			
	1305	Flurazepam (Dalmane)			
	1306	Lorazepam (Ativan)			
	1307	Triazolam (Halcion)			
	1308	Other Benzodiazepine			
	1309	Flunitrazepam (Rohypnol)			
	1310	Clonazepam (Klonopin, Rivotril)			
	1401	Meprobamate (Miltown)			
	1403	Other Tranquilizer			
	1501	Phenobarbital			
	1502	Secobarbital/Amobarbital (Tuinal)			
	1503	Secobarbital (Seconal)			
	1509	Other Barbiturate Sedatives			
	1601	Ethchlorvynol (Placidyl)			
	1602	Glutethimide (Doriden)			
	1603	Methaqualone			
	1604	Other Non-Barbiturate Sedatives			
	1605	Other Sedatives			
	1701	Aerosols			
	1702	Nitrites			
	1703	Other Inhalants			
	1704	Solvents			
	1705	Anesthetics			
	1801	Diphenhydramine			
	1809	Other Over-the-counter			
	2001	Diphenylhydantoin/Phenytoin (Dilantin)			

TEDS/SOMMS DATA			State Data		
TEDS #	Code	Data item description	State item #	Code	Corresponding State Data Item Description
	2002	Other Drugs			
	2003	GHB/GBL			
	2004	Ketamine (Special K)			
	9996	** Not applicable			
	9997	Unknown			
	9998	Not collected *			
SuDS 4	**DSM Diagnosis**			**DSM Diagnosis Axis 1 & II**	
	xxx.xx	Specify if code from DSM or ICD		xxx.xx	DSM IV diagnosis
	999.97	Unknown		999.97	Unknown
	999.98	Not collected *			
SuDS 5	**Psych problem in addition to alcohol or drug**			**Psych problem in addition to alcohol or drug**	
	1	Yes		Y	Yes
	2	No		N	No
	7	Unknown			
	8	Not collected *			
SuDS 6	**Pregnant at admission**			**Is Consumer Pregnant**	
	1	Yes		Y	Yes
	2	No		N	No
	2	No		P	Up to six weeks post-partum
	6	** Not applicable		Blank	Not Applicable (male default)
	7	Unknown			
	8	Not collected *			
SuDS 7	**Veteran status**			**Veteran Status**	
	1	Yes		Y	Yes
	2	No		N	No (default)
	7	Unknown			
	8	Not collected *			
SuDS 8	**Living arrangement**			**Living Situation at Admission**	
	03	Independent living		274	Private Resid w/o Support
	03	Independent living		275	Private Resident w/ Support
	02	Dependent living		276	Foster Home
	02	Dependent living		277	Regional Center
	02	Dependent living		278	Other 24 Hr Res Care
	02	Dependent living		279	Other Institutional Setting
	02	Dependent living		280	Jail/Correctional facility
	01	Homeless		281	Homeless Shelter
	02	Dependent living		282	Child Living w/ Parent/relationships
	03	Independent living		283	Private Residence - Youth living Independendly
	02	Dependent Living		294	Crisis Residential Care
	02	Dependent Living		295	Children's Residential Treamtment
	03	Independent living		299	Private Res with Housing Asst.
	02	Dependent Living		300	Residential Treatment
	97	Unknown		024	Other
	98	Not collected *			
SuDS 9	**Source of Income**			**Income Source**	
	01	Wages/Salary		068	Employment
	02	Public Assistance		066	Public Assistance
	03	Retirement/Pension		067	Retirement/Pension
	04	Disability		069	Disability
	20	Other		071	Other
	21	None		070	None

TEDS/SOMMS DATA			State Data		
TEDS #	Code	Data item description	State item #	Code	Corresponding State Data Item Description
	97	Unknown			
	98	Not collected *			
SuDS 10	**Health insurance**			**Health Insurance**	
	01	Private Insurance		047	Private Self Paid
	01	Private Insurance		002	PPO
	02	Blue Cross/Blue Shield			
	03	Medicare		045	Medicare
	04	Medicaid		046	Medicaid
	06	Health Maintenance Organization (HMO)		001	HMO
	20	Other (E.G., TRICARE, CHAMPUS)		028	Other Insurance
	20	Other (E.G., TRICARE, CHAMPUS)		049	Indian Health Services
	20	Other (E.G., TRICARE, CHAMPUS)		050	Veterans Administration
	20	Other (E.G., TRICARE, CHAMPUS)		051	Other Direct Federal Subsidies
	20	Other (E.G., TRICARE, CHAMPUS)		052	Other Direct State Subsidies
	20	Other (E.G., TRICARE, CHAMPUS)		053	Child Welfare
	21	None		004	No Insurance
	97	Unknown			
	98	Not collected *			
SuDS 11	**Expected source of payment**			**Expected source of payment**	
	01	Self-Pay		010	Self-Pay
	02	Blue Cross/Blue Shield		020	Blue Cross/Blue Shield
	03	Medicare		030	Medicare
	04	Medicaid		003	Medicaid
	05	Other Government Payments		001	State Behavioral Health Funds
	05	Other Government Payments		002	State Children & Family Svc Funds
	05	Other Government Payments		004	Other Public Funds
	06	Worker's Compensation		040	Workers Compensation
	07	Other Health Insurance Companies		050	Private Health Insurance
	07	Other Health Insurance Companies		060	HMO/PPO
	08	No Charge (Free, Charity, Special Research Or Teaching)		070	No Charge
	09	Other		080	Employee Assistance Program
	97	Unknown		099	Unknown
	98	Not collected *			
SuDS 12	**Detailed not in labor force**			**Detailed not in labor force**	
	96	** Not applicable		208	Employed Full Time
	96	** Not applicable		209	Employed Part Time
	96	** Not applicable		210	Unemployed - Seeking Employment
	96	** Not applicable		211	Active Armed Services or National Guard (> 35 Hrs)
	96	** Not applicable		222	Active/Armed Forces(<35 Hrs)
	96	** Not applicable		215	Supported Employment
	01	Homemaker		216	Homemaker
	02	Student		217	Student
	03	Retired		218	Retired
	04	Disabled		213	Disabled
	05	Inmate Of Institution		219	Resident of Institution
	06	Other		214	Sheltered Workshop
	06	Other		220	Unemployed - Not Seeking
	06	Other		221	Volunteer
	97	Unknown		204	Unknown
	98	Not collected *			
SuDS 13	**Detailed criminal justice referral**			**Detailed criminal justice referral**	
	01	State/Federal Court		245	Court Referal
	01	State/Federal Court		246	Court Order
	01	State/Federal Court		250	Drug Court

TEDS/SOMMS DATA			State Data		
TEDS #	Code	Data item description	State item #	Code	Corresponding State Data Item Description
	02	Other court		242	Defense Attorney
	02	Other court		243	Prosecutor
	03	Probation/Parole		247	Probation
	03	Probation/Parole		249	Parole
	04	Other Recognized Legal Entity		241	Police
	05	Diversionary Program (E.G., Tasc)		244	Diversion
	06	Prison		248	Corrections
	07	DUI/DWI			
	08	Other			
	96	** Not applicable			
	97	Unknown			
	98	Not collected *			
SuDS 14	**Marital status**			**Marital Status**	
	01	Never Married		002	Never Married
	02	Now Married		001	Married
	03	Separated		003	Seperated
	04	Divorced		004	Divorced
	05	Widowed		005	Widowed
	97	Unknown		006	Cohabitating/Unknown
	98	Not collected *			
SuDS 15	**Days waiting to enter treatment**			**Days waiting to enter treatment**	
	000-996	Days waiting		000 - 996	Days waiting
	997	Unknown			
	998	Not collected *			
SuDS 16	**Arrests in 30 days prior to admission**			**Arrests in 30 days prior to admission**	
	00	None		0	None
	01-96	01-96		1 - 99	Number of arrests
	97	unknown			
	98	not collected			
USE FOLLOWING IF SUBMITTING DISCHARGE DATA SET					
DIS 1	**System Transaction Type**		NA	**System Transaction Type**	
	A	Add		A	A Add
	C	Change		C	C Change
	D	Delete		D	D Delete
DIS 2	**State Code**		NA	**FIPS State Code**	
				31	Nebraska
DIS 3	**Reporting date** (MMYYYY)		NA	**Reporting date** (MMYYYY)	
					MMCCYY
DIS 4	**Provider ID at Discharge**			**Provider ID**	
		1-15 characters			6 Digit ISATS Number with NE prefix
DIS 5	**Client ID**			**Client ID**	
		1-15 characters			15 Digit Truncated Magellan Case Number
DIS 6	**Co-dependent/collateral**			**Co-dependent/collateral**	
	1	Yes		Y	Yes

TEDS/SOMMS DATA			State Data		
TEDS #	Code	Data item description	State item #	Code	Corresponding State Data Item Description
	2	No		N	No (default for client)
DIS 7	**Service at Discharge**			**Level of Care**	
	01	Detox - Hosp Inpatient			Please see Level of Care TAB
	02	Detox - free-standing residential			
	03	Rehab/residential -Hospital			
	04	Rehab/residential short term			
	05	Rehab/residential long term			
	06	Ambulatory - Intensive			
	07	Ambulatory - non-intensive			
	08	Ambulatory - Detox			
	97	Unknown			
DIS 8	**Date of last contact**			**Date of last contact**	
		MMDDYYYY			MMDDCCYY
DIS 9	**Date of Discharge**			**Date of Discharge**	
		MMDDYYYY			MMDDCCYY
DIS 10	**Reason for Discharge**			**Discharge Status**	
	01	Treatment completed		001	Treatment Complete
	01	Treatment completed		010	Client seen for assessment only/One time contact
	02	Left against advice including drop-out		002	Left Against Prof. Advice (drop out)
	02	Left against advice including drop-out		009	Chose to decline additional service
	03	Terminated by facility		003	Terminated by Facility
	04	Transferred to other SA treatment program		012	Transferred to other SA treatment program
	14	Transferred to other SA treatment program, did not report		013	Transferred to other SA treatment program, did not report
	05	Incarcerated		005	Incarcerated
	06	Death		006	Death/Not Suicide
	06	Death		011	Death/Suicide Complete
	07	Other		004	Transferred to another service
	07	Other		014	Did not show for first appointment
	07	Other		015	Transferred to other MH Tx program - did not report
	07	Other		016	Transferred to other MH Tx program
	07	Other		017	Aged Out (Youth)
	07	Other		018	Administrative Discharge
	07	Other		007	Other
	08	Unknown		008	Unknown
MDS 1 / DIS 11	**Provider ID**			**Provider ID**	
		1-15 characters			Please see MDS-1
MDS 2 / DIS 12	**Client ID**			**Client ID**	
		1-15 characters			Please see MDS-2
MDS 3 / DIS 13	**Co-dependent/collateral**			**Co-dependent/collateral**	
	1	Yes		Y	Yes
	2	No		N	No - Default = Client
MDS 4 / DIS 14	**Client transaction type**		NA	**Client transaction type**	
	A	Admission		A	Admission
	T	Transfer		T	Transfer

TEDS/SOMMS DATA			State Data		
TEDS #	**Code**	**Data item description**	**State item #**	**Code**	**Corresponding State Data Item Description**
MDS 5 / DIS 15	**Date of Admission**			**Admission Date**	
		MMDDYYYY			MMDDCCYY
MDS 18 / DIS 16	**Type of Service**			**Level of Care**	
	01	Detox - Hosp Inpatient			Please see Level of Care TAB
	02	Detox - free-standing residential			
	03	Rehab/residential -Hospital			
	04	Rehab/residential short term			
	05	Rehab/residential long term			
	06	Ambulatory - Intensive			
	07	Ambulatory - non-intensive			
	08	Ambulatory - Detox			
MDS 8 / DIS 17	**Date of Birth**			**Date of Birth**	
		MMDDYYYY			MMDDCCYY
MDS 9 / DIS 18	**Sex**			**Gender**	
	1	Male		001	Male
	2	Female		002	Female
	7	Unknown			
	8	Not collected *			
DIS 19	**Race**			**Race**	
	01	Alaskan Native			Please see MDS-10
	02	American Indian			
	13	Asian			
	23	Native Hawaiian or Other Pacific Islander			
	(03)	(Asian or Pacific Islander - use only if codes 13 and 23 are not available)			
	04	Black or African American			
	05	White			
	20	Other single race			
	21	Two or more races			
	97	Unknown			
	98	Not collected *			
MDS 11/ DIS 20	**Ethnicity**			**Ethnicity**	
	01	Puerto Rican			Please see MDS-11
	02	Mexican			
	03	Cuban			
	04	Other Specific Hispanic			
	05	Not of Hispanic Origin			
	06	Hispanic - specific origin unknown			
	97	Unknown			
	98	Not collected *			
DIS 21 (A, B, C)	**Substance Problem at discharge, (primary, secondary and tertiary)**			**Substance Problem at discharge, (primary, secondary and tertiary)**	
	01	None			Please see SubAbu 1,2,3 TAB
	02	Alcohol			
	03	Cocaine/Crack			

TEDS/SOMMS DATA			State Data		
TEDS #	Code	Data item description	State item #	Code	Corresponding State Data Item Description
	04	Marijuana/Hashish			
	05	Heroin			
	06	Non-Prescription Methadone			
	07	Other Opiates And Synthetics			
	08	PCP-phencyclidine			
	09	Other Hallucinogens			
	10	Methamphetamine			
	11	Other Amphetamines			
	12	Other Stimulants			
	13	Benzodiazepine			
	14	Other non-Benzodiazepine Tranquilizers			
	15	Barbiturates			
	16	Other Non-Barbiturate Sedatives or Hypnotics			
	17	Inhalants			
	18	Over-The-Counter			
	20	Other			
	97	Unknown			
	98	Not collected *			
DIS 22 (A, B, C)	**Frequency of Use at Discharge (Primary, secondary and tertiary)**			**Frequency of Use at Discharge (Primary, secondary and tertiary)**	
	01	No Use In The Past Month		001	No use Past Month
	02	1-3 Times In Past Month		003	1-3 times past month
	03	1-2 Times In Past Week		002	1-2 times past week
	04	3-6 Times In Past Week		004	3-6 times / week
	05	Daily		005	Daily
	96	** Not applicable		100	** Not applicable
	97	Unknown		099	Unknown
	98	Not collected *			
DIS 23	**Living arrangement at discharge**			**Living arrangement at discharge**	
	03	Independent living		121	Private Resid w/o Support
	03	Independent living		122	Private Resident w/ Support
	02	Dependent living		123	Foster Home
	02	Dependent living		124	Regional Center
	02	Dependent living		125	Other 24 Hr Res Care
	02	Dependent living		126	Other Institutional Setting
	02	Dependent living		127	Jail/Correctional facility
	01	Homeless		128	Homeless Shelter
	02	Dependent living		129	Child Living w/ Parent/relationships
	03	Independent living		130	Private Residence - Youth living Independendly
	02	Dependent Living		142	Crisis Residential Care
	02	Dependent Living		143	Children's Residential Treamtment
	03	Independent living		144	Private Res with Housing Asst.
	02	Dependent Living		145	Residential Treatrment
	97	Unknown		131	Other
	98	Not collected *			
DIS 24	**Employment status at discharge**			**Employment status at discharge**	
	01	Full Time		203	Employed Full Time
	02	Part Time		204	Employed Part Time
	03	Unemployed		205	Unemployed - Seeking Employment
	01	Full Time		206	Active Armed Services or National Guard (>35 Hrs)
	02	Part Time		234	Active/Armed Forces(<35 Hrs)
	04	Not in Labor Force		209	Sheltered Workshop
	04	Not in Labor Force		213	Homemaker
	04	Not in Labor Force		039	Student
	04	Not in Labor Force		212	Supported Employment
	04	Not in Labor Force		214	Retired

TEDS/SOMMS DATA			State Data		
TEDS #	Code	Data item description	State item #	Code	Corresponding State Data Item Description
	04	Not in Labor Force		208	Disabled
	04	Not in Labor Force		215	Resident of Institution
	04	Not in Labor Force		216	Unemployed - Not Seeking
	04	Not in Labor Force		233	Volunteer
	97	Unknown		135	Unknown
DIS 25	**Detailed not in labor force at discharge**			**Detailed not in labor force at discharge**	
	96	** Not applicable		203	Employed Full Time
	96	** Not applicable		204	Employed Part Time
	96	** Not applicable		205	Unemployed - Seeking Employment
	96	** Not applicable		206	Active Armed Services or National Guard (35+ Hours)
	96	** Not applicable		234	Active/Armed Forces(<35 Hrs)
	96	** Not applicable		209	Sheltered Workshop
	01	Homemaker		213	Homemaker
	02	Student		039	Student
	03	Retired		214	Retired
	04	Disabled		208	Disabled
	05	Inmate Of Institution		215	Resident of Institution
	06	Other		216	Unemployed - Not Seeking
	06	Other		233	Volunteer
	06	Other		212	Supported Employment
	97	Unknown			
	98	Not collected *			
DIS 26	**Arrests in 30 days prior to discharge**			**Arrests in 30 days prior to discharge**	
	00	None		0	None
	01-96	01-96		1-96	01-96
	97	unknown			
	98	not collected			

TEDS/SOMMS CODE	DESCRIPTION	STATE DATA
01	Individual	193
01	Individual	194
01	Individual	195
01	Individual	196
01	Individual	197
06	Other community referral	198
06	Other community referral	199
06	Other community referral	200
02	Alcohol/ Drug Abuse care provider	201
02	Alcohol/ Drug Abuse care provider	203
02	Alcohol/ Drug Abuse care provider	204
02	Alcohol/ Drug Abuse care provider	205
02	Alcohol/ Drug Abuse care provider	206
02	Alcohol/ Drug Abuse care provider	208
02	Alcohol/ Drug Abuse care provider	209
02	Alcohol/ Drug Abuse care provider	212
02	Alcohol/ Drug Abuse care provider	213
06	Other community referral	214
06	Other community referral	217
06	Other community referral	218
06	Other community referral	219
05	Employer / EPA	220
05	Employer / EPA	221
03	Other health care provider	222
03	Other health care provider	223
03	Other health care provider	224
03	Other health care provider	225
03	Other health care provider	226
03	Other health care provider	227
06	Other community referral	228
06	Other community referral	229
06	Other community referral	233
06	Other community referral	234
06	Other community referral	235
06	Other community referral	236
06	Other community referral	237
06	Other community referral	238
06	Other community referral	239
06	Other community referral	240
07	Court/criminal justice referral	241
07	Court/criminal justice referral	242
07	Court/criminal justice referral	243
07	Court/criminal justice referral	244
07	Court/criminal justice referral	245
07	Court/criminal justice referral	246

07	Court/criminal justice referral	247
07	Court/criminal justice referral	248
07	Court/criminal justice referral	249
07	Court/criminal justice referral	250
06	Other community referral	266
02	Alcohol/ Drug Abuse care provider	271
04	School	272
07	Court/criminal justice referral	283
06	Other community referral	284
06	Other community referral	285
06	Other community referral	286
01	Individual	323
01	Individual	324
02	Alcohol/ Drug Abuse care provider	325

DESCRIPTION
Self
Family
Friend
Clergy
Tribal Elder or Official
Farm Hotline
Food Pantry
Homeless Shelter
SA Prevention
SA Emergency/Detoxification
SA Short-term Residential
SA Halfway House
SA Therapeutic Community
SA Outpatient Counseling
SA Methadone Detoxification
SA Self-help Group
Private SA Provider
Regional Center
Mental Health Commitment Board
Private Mental Hath Prac.
Private Family Counselor/Agency
Employers
Employee Assistance Program
Hospital
Nursing Facility
Private Physician
Mid-level Practitioner
Public Health Staff
Other Medical Facility
Mental Retardation Agency
State Social Service
Services Psychiatric Evaluation
Social services Sexual Perpetrator. Evaluation.
Community Service Agency
Agricultural Action Center
Job Training Office
County Extension Agent
Veteran's Administration
Other Human Service Provider
Police
Defense Attorney
Prosecutor
Pre-trial Diversion
Court Referral
Court Order

Probation
Corrections
Parole
Drug Court
Compulsive Gambling Provider
Alanon/Alateen,Etc.
School Based Referral
Mental Health Court
Mental Health Emergency
Mental Health Residential
Mental Health Non Residential
Internet
Yellow Pages
SA Residential

TEDS/SOMMS CODE	STATE DATA	DESCRIPTION
16	008	Bachelors
14	021	Associates
18	039	Masters
20	041	MD, PhD
97	047	Unknown
01	052	First Grade
02	053	Second Grade
03	054	Third Grade
04	055	Fourth Grade
05	056	Fifth Grade
06	057	Sixth Grade
07	058	Seventh Grade
08	059	Eighth Grade
09	060	Ninth Grade
10	074	Tenth Grade
11	075	Eleventh Grade
12	076	12 years - GED
13	077	> 12 years
97	083	Homeschooled
00	084	Kindergarten
00	085	Early Care/Education

TEDS/SOMMS CODE	DESCRIPTION	STATE DATA
97	Unknown	204
01	Full-time	208
02	Part-time	209
03	Unemployed	210
01	Full-time	211
04	Unemployed	213
04	Not in labor force	214
02	Part-time	215
04	Not in labor force	216
04	Not in labor force	217
04	Not in labor force	218
04	Not in labor force	219
04	Not in labor force	220
04	Not in labor force	221
02	Part-time	222

DESCRIPTION
Unknown
Employed Full Time
Employed Part Time
Unemployed - Seeking Employment
Active Armed Services or National Guard (> 35 Hrs)
Disabled
Sheltered Workshop
Supported Employment
Homemaker
Student
Retired
Inmate of Institution
Unemployed - Not Seeking
Volunteer
Active/Armed Forces(<35 Hrs)

TEDS/SOMMS CODE	STATE DATA	DESCRIPTION
02	001	Alcohol
03	002	Crack
04	003	Marijuana/Hashish
04	004	Non-prescription Methadone
07	005	Codine
12	006	Other Stimulants
13	007	Alprazolam(Xanax)
14	008	Meprobamate(Miltown)
15	009	Phenobarbital
16	010	Ethclorvynol(Placidyl)
17	011	Aerosols
18	012	Diphenhydramine
08	013	PCP or PCP Combination
09	014	LSD
10	015	Methamphetamine(Speed)
20	016	Diphenylhydantoin/Phenytoin(Dilantin)
03	021	Other Cocaine
05	031	Heroin
07	051	Propoxyphene(Darvon)
07	052	Oxycodone(Oxycontin)
07	053	Meperodone(Denerol)
07	054	Hydromorphone(Dilaudid)
07	055	Other Opiates or Synthetics
07	056	Pentazocine(Talwin)
07	057	Hydrocodone(Vicodin)
07	058	Tramadol(Ultram)
12	061	Methylphenidate(Ritalin)
13	071	Chlordiazepoxide(Librium)
13	072	Clorazepate(Tranzene)
13	073	Diazepam(Valium)
13	074	Flurazepam(Dalmane)
13	075	Lorazepam(Ativan)
13	076	Triazolam(Halcion)
13	077	Other Benzodiazepine
13	078	Flunitrazepam(Rohypnol)
13	079	Clonazepam(Klonopin, Rivotril)
14	081	Other Tranquilizer
15	091	Secbarbital/Amobarbital(Tuinal)
15	092	Secobarbital(Seconal)
15	093	Other Barbiturate Sedative
97	099	Unknown
16	101	Glutethimide(Doriden)
16	102	Methaqualone
16	103	Othe Non-Barbiturate Sedatives

16	104	Other Sedatives
17	111	Nitrites
17	112	Other Inhalants
17	113	Solvents
17	114	Anesthetics
18	121	Other Over-the-Counter
09	141	Other Hallucinogens
11	151	Amphetamine
11	152	MDMA, Ecstasy
11	153	Other Amphetamines
20	161	Other Drugs
20	162	GHB/GBL
20	163	Ketamine(Special K)
01	164	Not Applicable/None

TEDS/SOMMS CODE	STATE DATA	DESCRIPTION
0201	001	Alcohol
0301	002	Crack
0401	003	Marijuana/Hashish
0601	004	Non-prescription Methadone
0701	005	Codine
1201	006	Other Stimulants
1301	007	Alprazolam(Xanax)
1401	008	Meprobamate(Miltown)
1501	009	Phenobarbital
1601	010	Ethclorvynol(Placidyl)
1701	011	Aerosols
1801	012	Diphenhydramine
0801	013	PCP or PCP Combination
0901	014	LSD
1001	015	Methamphetamine(Speed)
2001	016	Diphenylhydantoin/Phenytoin(Dilantin)
0302	021	Other Cocaine
0501	031	Heroin
0702	051	Propoxyphene(Darvon)
0703	052	Oxycodone(Oxycontin)
0704	053	Meperodone(Demerol)
0705	054	Hydromorphone(Dilaudid)
0706	055	Other Opiates or Synthetics
0707	056	Pentazocine(Talwin)
0708	057	Hydrocodone(Vicodin)
0709	058	Tramadol(Ultram)
1202	061	Methylphenidate(Ritalin)
1302	071	Chlordiazepoxide(Librium)
1303	072	Clorazepate(Tranzene)
1304	073	Diazepam(Valium)
1305	074	Flurazepam(Dalmane)
1306	075	Lorazepam(Ativan)
1307	076	Triazolam(Halcion)
1308	077	Other Benzodiazepine
1309	078	Flunitrazepam(Rohypnol)
1310	079	Clonazepam(Klonopin, Rivotril)
1403	081	Other Tranquilizer
1502	091	Secbarbital/Amobarbital(Tuinal)
1503	092	Secobarbital(Seconal)
1509	093	Other Barbiturate Sedative
9997	099	Unknown
1602	101	Glutethimide(Doriden)
1603	102	Methaqualone
1604	103	Other Non-Barbiturate Sedatives

1605	104	Other Sedatives
1702	111	Nitrites
1703	112	Other Inhalants
1704	113	Solvents
1705	114	Anesthetics
1809	121	Other Over-the-Counter
0902	141	Other Hallucinogens
1101	151	Amphetamine
1103	152	MDMA, Ecstasy
1109	153	Other Amphetamines
2002	161	Other Drugs
2003	162	GHB/GBL
2004	163	KETAMINE(SPECIAL K)
9996	164	** NOT APPLICABLE

PMDOUTC	PMDCPT	PMDPBT	PMDPROCED	PMDMODIFY	PMDASAMRO
111	H0017	002			
201	H2034	002	000H2034		ASA
201	H2035	002	000H2034	HH	ASA
201	H2034	002			REG
202	H0019	002	000H0019	TT	ASA
202	H0019	002			REG
225	H0011	002			REG
237	H0012	002	000H0019		ASA
237	H0017	002	000H0019	HH	ASA
237	H0019	002	000H0019	TG	ASA
238	H0018	002	000H0018	HF	ASA
239	H2018	001	000H0018	HH	ASA
239	H2018	002	000H0018	HH	ASA
300	H0035	002	000H0035		ASA
300	H0036	002	000H0035	HH	ASA
300	H0035	002			REG
400	H0015	002	000H0015		ASA
400	H0016	002	000H0015	HH	ASA
400	H0015	002			REG
401	H0020	002	000H0020		ASA
500	H0001	002	000H0001		ASA
500	H0002	002	000H0001	52	ASA
500	H0005	002	000H0005		ASA
500	90806	002	00090806	HF	ASA
500	90846	002	00090846	HF	ASA
500	90847	002	00090847	HF	ASA
500	90806	002			REG
500	90862	002			REG
500	90808	001			REG
500	90808	002			REG
500	H0001	002			REG
500	H0002	002			REG
500	H0007	002			REG

500	H0031	002			REG
504	H2016	002	000H2016	HF	ASA
504	H2015	002	000H2015	HF	ASA
504	H2016	002			REG
504	T1017	002			REG
505	H2000	002	000H2000	HF	ASA
508	H0007	002	000H0014		ASA
508	H0010	003	000H0012		ASA
508	H0011	002	000H0010		ASA
566	T2023	002			REG

PMDDESC	SOMMS SVC TYPE	SOMMS PRIORITY
Post Commitment Treatment (IPPC)	04	1a
Halfway House	05	5c
Halfway House-Enhanced	05	5c
Ch Halfway House	05	5c
Therapeutic Community	05	5b
Ch Therapeutic Community	05	5b
Civil Protective Custody (CPC)	02	2a
Intermediate Residential	05	5d
Intermediate Residential-Enhanced	05	5d
Intermediate Residential-Biomedical	05	5d
Short-term Residential	04	6a
Dual Disorder Residential	05	5a
Dual Disorder Residential	05	5a
Partial Hospitalization	06	7b
Partial Hospitalization-Enhanced	06	7b
Ch Partial Hospitalization	06	7b
Intensive Outpatient	06	7a
Intensive Outpatient-Enhanced	06	7a
Ch Intensive Outpatient	06	7a
OpiodRplace-MethBup	08	8b
Assessment	07	8f
Assessment Addendum	07	8f
Group Therapy	07	8f
Individual Therapy	07	8f
Family Therapy w/o Client	07	8f
Family Therapy with Client	07	8f
O/P - SA	07	8f
Ch O/P - SA	07	8g
O/P Dual Dx	07	8e
Ch O/P Dual Dx	07	8e
Assess/Eval Only - SA	07	8f
Ch Yth Assess Only - SA	07	8f
Crisis Assess LADAC/SA	07	8b

Urgent Assess/Eval - SA	07	8b
Community Support-SA	07	8c
Community Support-SA	07	8c
Ch Community Support - SA	07	8c
Case Monitoring - SA	07	8c
Comprehensive Multidisciplinary Team Evaluation	07	8f
Ambulatory Detoxification	02	2b
Clinically Managed Res. Detoxification	02	2b
Medically Monitored Inpatient Detoxification	01	2b
ICS/ICM - SA	07	8c