	TEDS DATA			- mange	State Data	Comment
		TEDO DATA				Commone
TEDS #	Code	Data item description	State	Code	State Data Item Description	Please use this column space to provide explanation, definition, limitation, or other contextual information pertinent to your variable mapping and/or data reporting
			General r	eporting c	omments:	
System Data Set		em Data Set fields are required to process the				
SDS 1	System T	ransaction Type		System T	ransaction Type	
	Α	Add		А	A Add	
	С	Change		С	C Change	
	D	Delete		D	D Delete	
SDS 2	State Cod	e (key field)		FIPS State		
		2 characters			WY	
SDS 3	Reporting	Date (MMYYYY)		Month an	d year data file submitted	
					MMYYYY	
Minimum Data Set (Admission Record)	reported.	ecified as optional, these MDS fields must be				
MDS 1	State Pro	vider Identifier (key field)	CR-7	Agency C	ode	
		1-15 characters			Alphanumeric 6 digits	
MDS 2	Client Ide	ntifier (key field)		WCIS Clie		
		1-15 characters			Alphanumeric 14 (MUST NOT CONTAIN PHI) - use internal Client ID	
MDS 3	Codepend	dent/Collateral (key field) Codependent/collateral		Not Colle	cted Force a number 2 into this field	
-	2	Client				
MDS 4	Client Tra	nsaction Type (key field)	CR-11	Transacti	on Status	
50 1	A	Initial admission	J. () 1	A	Admission - CR-11 TransactionStatus = 1 (Admission)	
	Т	Transfer or change in service				
MDS 5	Date of A	dmission (key field)	CR-12	Transacti		
		MMDDYYYY			MMDDYYYY	
MDOO				0 1 1 1		
MDS 6	Previous 0	SA Treatment Episodes 0 Previous episodes			d from number of previous treatment episodes No Prior Treatments	
-		1 Previous episode		0	One Prior Treatment	
	2	2 Previous episodes		2	Two Prior Treatments	
	_	•				

TEDS DATA					State Data	Comment
TEDS #	Code 3 4 5	Data item description 3 Previous episodes 4 Previous episodes 5 or more Previous episodes	State item #	Code 3 4 5-99	State Data Item Description Three Prior Treatments Four Prior Treatments Five or more Prior Treatments	Please use this column space to provide explanation, definition, limitation, or other contextual information pertinent to your variable mapping and/or data reporting
	7	Unknown				
	8	Not collected				
MDS 7	01 01 01 02	Source Individual Individual Individual Individual Indicohol/Drug Abuse Care Provider	CR-28	Referral S		
 	02	Other health care provider		5	Private Psychiatrist	
	03	Other health care provider		6	Other Physician	
	03	Other health care provider		7	Other Private Mental Health Practitioner	
	03	Other health care provider		9	Wyoming State Hospital	
	03	Other health care provider		10	Other Inpatient Psychiatric Service	
	03	Other health care provider		14	Community Mental Health Center	
	03	Other health care provider		20	Nursing Home	
	03	Other health care provider Other health care provider		21	Medical Hospital Veteran Affairs	
	03	Other health care provider		29 33	WLRC (Wyoming Life Resource Center)	
	03	School (Educational)		16	Schools	
	05	Employer/Employee Assistance Program (EAP)		17	Employer	
	06	Other community referral		8	Clergy	
	06	Other community referral		13	Shelter	
	06	Other community referral		15	Other	
	06	Other community referral		18	Department of Family Services (DFS)	
	06	Other community referral		19	Division of Vocational Rehabilitation (DVR)	
	06	Other community referral		22	Developmental Disabilities (DD)	
	06	Other community referral	-	27	Early Childhood Setting	
	06	Other community referral Other community referral		28	Attorney Social Security/Disability	
	06 07	Court/criminal justice referral/DUI/DWI	+	32	Police/Law Enforcement	
	07	Court/criminal justice referral/DUI/DWI		4	Court (not Title 25 clients)	
	07	Court/criminal justice referral/DUI/DWI		31	Court Order (Title 25 clients)	
	07	Court/criminal justice referral/DUI/DWI		23	Drug Court	
	07	Court/criminal justice referral/DUI/DWI		25	Adult Probation and Parole	
	07	Court/criminal justice referral/DUI/DWI		26	Juvenile Probation (DFS)	
	07	Court/criminal justice referral/DUI/DWI		30	Department of Corrections (DOC)	
	97	Unknown		99	Unknown	
	98	Not collected				
MDS 8	Date of B	 irth MMDDYYYY	CR-4	Date Of B	 Birth MMDDYYYY	
		Unknown				
	01010008	Not collected				
MDS 9	Gender		CR-5	Gender		
	1	Male		1	Male	

		TEDS DATA			State Data	Comment
TEDS #	Cada		State	Code		Please use this column space to provide explanation, definition, limitation, or other contextual information pertinent to your variable mapping and/or data
#	Code	Data item description Female	item #	Code	State Data Item Description	reporting
	7	Unknown		2	remale	
	8	Not collected				
		1				
MDS 10	Race and	spanic collected as race should be coded 97 in 106 in Ethnicity) [Alaska native (Aleut, Eskimo)	CR-16	Race		
	01	American Indian/Alaska native (if code 01 is used, this				
	02	code is for all other American Indians)		3	Native American/Alaskan	
	13	Asian		4	Asian	
	23	Native Hawaiian or other pacific islander		6	Native Hawaiian/Other Pacific Islander	
	03	Asian or pacific islander (if Asian and Pacific Islander are not separate categories, use this code)				
	03	Black or African American		2	Black	
	05	White		1	White	
	20	Other single race		5	Other/Unknown	
	21	Two or more races		7	More Than One Race Reported	
	97	Unknown				
	98	Not collected				
MDS 11		or Latino Origin (Ethnicity)	CR-17	Hispanic		
	01	Puerto Rican Mexican		4	Puerto Rican Mexican	
	02	Cuban		5 3	Cuban	
	03	Other specific Hispanic or Latino		6	Other Hispanic	
	05	Not of Hispanic or Latino origin		2	Not of Hispanic Origin	
	06	Hispanic or Latino - specific origin not specified		_		
	97	Unknown		7	Unknown	
	98	Not collected				
MDS 12	Educatio	n	CR-26	Education	n	
	and scho	the highest school grade completed (adults ol-age no longer in school) or current school chool-age still in school)				
	00	Less than one school grade or no schooling		0	No Schooling	
	01	Grade 1		1	Kindergarten or 1st Grade	
	02	Grade 2		2	2nd Grade	
	03	Grade 3		3	3rd Grade	
-	04	Grade 4		4	4th Grade	
	05	Grade 5		5	5th Grade	
	06	Grade 6		6	6th Grade	
	07	Grade 7 Grade 8		7	7th Grade 8th Grade	
	08	Grade 9		8 9	9th Grade	
	10	Grade 10		10	10th Grade	
	11	Grade 11		11	11th Grade	
					*	I .

	TEDS DATA				State Data	Comment
TEDS #	Code	Data item description	State	Code	State Data Item Description	Please use this column space to provide explanation, definition, limitation, or other contextual information pertinent to your variable mapping and/or data reporting
	12	12th Grade or GED			High School Degree/GED	
	13	1st Year of College/University (Freshman) 2nd Year of College/University (Sophomore) or Associate Degree 3rd Year of College/University (Junior)			1 Year of College 2 Years of College/Associates Degree 3 Years of College	
	15	4th Year of College (Senior) or Bachelor's Degree			Bachelor's Degree	
	16 17	Some Post-Graduate Study - Degree not completed		16	Dadrieloi s Degree	
	18 19	Master's Degree completed Post-Graduate Study		18	Master's Degree	
	20	Post-Graduate Study		20	Doctoral Degree	
	21 - 25	Post-Graduate Study			3	
	70	Graduate or professional school - includes Master's and Doctoral degrees, medical school, law school, etc. (This code may be used in lieu of codes 17-25				
	71	Vocational school (includes business, technical, secretarial, trade, or correspondence courses which provide specialized training for skilled employment)				
	72	Nursery school, pre-school, HeadStart				
	73	Kindergarten				
	74	Self-contained special education class			Helm was	
	97	Unknown Not collected		99	Unknown	
	98	INOT COllected				
MDS 13	Employm	ent Status	CR-21	CR-21 Employment		
	01	Full time - working 35 hours or more each week, including active duty members of the uniformed services		3	Full-Time: greater than or equal to 30 hours per week	
	02	Part time - working fewer than 35 hours each week		2	Part-time: less than 30 hours per week	
	03	Unemployed - looking for work during the past 30 days or on layoff from a job		1	Unemployed; Employable; no work available	
	04	Not in labor force - not looking for work during past 30 days, or a student, homemaker, disabled, retired, or an inmate of an institution. Clients in this category are further defined in Detailed Not in Labor Force (SuDS 12).			Homemaker: Adult not in workforce	
	04 04	Not in labor force		5	Retired: Retired from active employment	+
	04	Not in labor force			Disabled Unemployed: Unable to work for disability reasons	+
	04	Not in labor force			Child: Under 16 years of age, not in the labor force	+
	04	Not in labor force			Student: 16 years of age or older, not in the labor force	
	04	Not in labor force			Inmate of an Institution	
	04	Not in labor force			Volunteer Position	+
	97	Unknown		_		
	98	Not collected				
MDS 14 (A, B, C)					Problem One Problem Two Problem Three	
(A, D, C)	Jupstalle	e Problem, (primary, secondary and tertiary)	CIV-09	SA Diug I	FIODIGIII IIIIGG	

	TEDS DATA				State Data	Comment
TEDS #	Code	Data item description	State	Code	State Data Item Description	Please use this column space to provide explanation, definition, limitation, or other contextual information pertinent to your variable mapping and/or data reporting
	01	None		0	None (CR-97 or CR-102)	
	02	Alcohol		4	Alcohol	
	03	Cocaine/Crack		8	Cocaine/Crack	
	04	Marijuana/Hashish		9	Marijuana/Hashish	
	05	Heroin	_	1	Heroin	
	06	Non-prescription Methadone	_	2	Non-Rx Methadone	
	07	Other Opiates and Synthetics Other Opiates and Synthetics		3	Other Opiates & Synthetics	
	07	PCP-phencyclidine	-	24	Buprenorphine PCP/Other Hallucinogens	
	08 09	Hallucinogens		14 10	Hallucinogens	
	10	Methamphetamine/Speed	_	16	Methamphetamine	
	11	Other Amphetamines		7	Other Amphetamines	
	11	Other Amphetamines Other Amphetamines		19	MDMA/Ecstasy	
	12	Other Stimulants		17	Other Stimulants	
	13	Benzodiazepine		18	Benzodiazepines	
	13	Benzodiazepine		20	Rohypnol	
	13	Benzodiazepine		23	Clonazepam	
	14	Other Tranquilizers		13	Tranquilizers	
	15	Barbiturates		5	Barbiturates	
	16	Other Sedatives or Hypnotics		6	Other Sedatives	
	17	Inhalants		11	Inhalants	
	18	Over-The-Counter Medications		12	Over-the-Counter Medications	
	20	Other Drugs		15	Other	
	20	Other Drugs		22	Ketamine	
	20	Other Drugs		21	GHB/GBL	
	97	Unknown		99	Unknown (CR-97 or CR-102)	
	98	Not collected				
		•	CR-82	SA Route	Of Administration One	
MDS 15	Route of	Administration (primary, secondary, tertiary	CR-87		Of Administration Two	
(A, B, C)	substance		CR-92		Of Administration Three	
(71, 5, 0)	01	Oral	011 32	1	Oral	
	02	Smoking		2	Smoking	
	03	Inhalation		3	Inhalation	
		Injection (intravenous, intramuscular, intradermal, or		<u> </u>		
	04	subcutaneous)		4	Intramuscular	
	04	Injection		5	Intravenous	
	20	Other				
					None - for SA Route of Administration Two and/or Three when Drug	Corrected our crosswalk after discussion with Mayra at
	96	Not applicable		0	Problem Two and/or Three is equal to 01 (None)	Eagle Technologies on 11/20/2020
	97	Unknown		6	Unknown	
					None - for SA Route of Administration One, Two, and/or Three when	
	97	Unknown		0	Drug Problem One, Two, and/or Three is NOT equal to 01 (None)	
	98	Not collected				

	TEDS DATA				State Data	Comment
TEDS #	Code	Data item description	State	Code	State Data Item Description	Please use this column space to provide explanation, definition, limitation, or other contextual information pertinent to your variable mapping and/or data reporting
			CR-81		ency Of Use One	
MDS 16	Frequenc	cy of Use (primary, secondary, tertiary	CR-86		ency Of Use Two	
(A, B, C)	substanc		CR-91		ency Of Use Three	
	01	No use in the past month			No Use (if CR-97 or CR-102 value is NOT equal to 0 (None))	
	01	No use in the past month		8	No Use due to recent stay in Controlled Environment	
	02	1-3 days In past month		1	Less Than Once Per Week	
	03	1-2 days In past week		2	Once Per Week	
	04	3-6 days In past week		3	Several Times Per Week	
	05	Daily Daily	_	4	Once Daily Two to Three Times Daily	
	05	Daily	_	5	More Than Three Times Daily	
	05	Not applicable	_	6	No Use (if CR-97 or CR-102 value is equal to 0 (None))	
	96 97	Unknown	_	U	140 Ose (ii Cix-97 of Cix-102 value is equal to 0 (inolie))	
	98	Not collected	_			
	30	The composed				
MDS 17 (A, B, C)	Age of Fi		CR-80 CR-85 CR-90	SA Age A	t First Use One t First Use Two t First Use Three	
	00	Newborn with a substance dependency problem.			Not Collected	
	01-95	Age at first use, in years		1-99	Age at First Use	
	96	Not applicable		0	Unknown/Not Applicable	
	97	Unknown				
	98	Not collected				
MDS 18	Type of T	reatment Service/Setting (key field)	CR-100	SA Prima	ry Service Category Level III.7 Medically Monitored High-Intensity Residential/Inpatient	
	01	Detoxification, 24-hour service, hospital inpatient		28	Adolescent	
	01	Detoxification, 24-hour service, hospital inpatient		29	Level III.7 Medically Monitored Intensive Inpatient Adult	
	01	Detoxification, 24-hour service, hospital inpatient		30	Level III.7-D Medically Monitored Inpatient Detoxification Adolescent	
	01	Detoxification, 24-hour service, hospital inpatient		31	Level III.7-D Medically Monitored Inpatient Detoxification Adult	
	01	Detoxification, 24-hour service, hospital inpatient		34	Level IV-D Medically Managed Intensive Inpatient Detoxification Adolescent	
	01	Detoxification, 24-hour service, hospital inpatient		35	Level IV-D Medically Managed Intensive Inpatient Detoxification Adult	
	02	Detoxification, 24-hour service, free-standing residential		27	Level III.5-D Clinically Managed Residential Detoxification Adolescent	
	02	Detoxification, 24-hour service, free-standing residential		23	Level III.2-D Clinically Managed Residential Detoxification Adult	
	03	Rehabilitation/residential - hospital (other than detoxification)		19	Level II.5 Partial Hospitalization Adolescent	
	03	Rehabilitation/residential - hospital (other than detoxification) Rehabilitation/residential - hospital (other than		20	Level II.5 Partial Hospitalization Adult	
	03	detoxification/residential - nospital (other than detoxification) Rehabilitation/residential - hospital (other than		32	Level IV Medically Managed Intensive Inpatient Adolescent	
	03 04	detoxification/residential - hospital (other trial) Rehabilitation/residential - short term (30 days or fewer)		33 21	Level IV Medically Managed Intensive Inpatient Adult Level III.1 Clinically Managed Low-Intensity Residential Adolescent	
-	04	Rehabilitation/residential - short term (30 days or fewer)	-	21	Level III.1 Clinically Managed Low-Intensity Residential Adolescent	
	U4	Rehabilitation/Residential - Ing term (more than 30	_		Level III. I Olli lioally ivialiaged Low-litteribity Neblucitial Addit	
	05	days)		24	Level III.3 Clinically Managed Medium-Intensity Residential Adult	

				onango	STOTT TET die III Ted		
	TEDS DATA				State Data	Comment	
TEDS			State			Please use this column space to provide explanation, definition, limitation, or other contextual information pertinent to your variable mapping and/or data	
#	Code	Data item description	item #	Code	State Data Item Description	reporting	
	05	Rehabilitation/Residential - long term (more than 30 days) Rehabilitation/Residential - long term (more than 30		25	Level III.5 Clinically Managed High-Intensity Residential Adolescent		
	05	days)		26	Level III.5 Clinically Managed High-Intensity Residential Adult		
	06	Ambulatory - intensive outpatient		17	Level II.1 Intensive Outpatient Adolescent		
	06	Ambulatory - intensive outpatient		18	Level II.1 Intensive Outpatient Adult		
	07	Ambulatory - non-intensive outpatient		13	Level I Outpatient Adolescent		
	07	Ambulatory - non-intensive outpatient		14	Level I Outpatient Adult		
	80	Ambulatory - detoxification			Decords with the fellowing values do not get willed.		
					Records with the following values do not get pulled: 0 - No Treatment Recommended		
					12 - Level 0.5 Early Intervention		
					12 - Edvar 0.0 Early intervention		
					e Abuse Service Event Type (If at least one ESR in the		
					episode has SR-13=MAT, then answer "yes" for this field.		
					e answer "no".) Wait to send the admit until we have the		
					If the first ESR has SR-13> <mat, "no"="" answer="" for="" td="" then="" this<=""><td></td></mat,>		
					subsequent ESR has SR-13=MAT, then send a change		
MDS 19	Medication	on-Assisted Opioid Therapy	SR-13		change this answer to "yes".		
	1	Yes No			MAT for Opioid Use		
	6	Not applicable		>< 33	Service Event Type is NOT 33=MAT for Opioid Use		
	7	Unknown					
	8	Not collected					
Supplemental	Unless s	pecified as NOM, these SuDS fields are optional.					
Data Set		iables should be reported.					
SuDS							
(1, 2, 3)	Detailed	Drug Code (primary, secondary, tertiary)		Not Collo	cted Force a number 9998 into this field		
(1, 2, 3)	0201	Alcohol		NOT COILE			
	0301	Crack					
	0302	Other Cocaine					
		Marijuana/Hashish, THC and any other cannabis sativa					
	0401	preparations		<u> </u>			
	0501	Heroin					
	0601	Non-Prescription Methadone					
	0701	Codeine					
	0702	Propoxyphene (Darvon)					
		Oxycodone (Oxycontin) Meperidine (Demerol)					
<u> </u>	0704 0705	Hydromorphone (Dilaudid)					
	0103	Butorphanol (Stadol), morphine (Mscontin), opium, and					
	0706	other narcotic analgesics, opiates, or synthetics					
	0707	Pentazocine (Talwin)					
	0708	Hydrocodone (Vicodin)					
	0709	Tramadol (Ultram)					
	0710	Buprenorphine (Subutex, Suboxone)					

	TEDS DATA			- India	State Data	Comment	
		IEDS DATA			State Data	Comment	
TEDS #	Code	Data item description	State	Code	State Data Item Description	Please use this column space to provide explanation, definition, limitation, or other contextual information pertinent to your variable mapping and/or data reporting	
	0801	PCP					
	0901	LSD					
	0000	DMT, mescaline, peyote, psilocybin, STD, and other					
	0902 1001	hallucinogens Methamphetamine/Speed					
	1101	Amphetamine					
	1103	Methylenedioxymethamphetamine (MDMA, Ecstasy)					
	1100	"Bath Salts, phenmetrazine, and other amines and					
	1109	related drugs					
	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	Halazepam, oxazepam (Serax), prazepam, temazepam (Restoril), and other Benzodiazepines					
	1308	Flunitrazepam (Rohypnol)					
	1310	Clonazepam (Klonopin, Rivotril)					
	1401	Meprobamate (Miltown)					
	1403	Other non-benzodiazepine tranquilizers					
	1501	Phenobarbital					
	1502	Secobarbital/Amobarbital (Tuinal)					
	1503	Secobarbital (Seconal)					
		Amobarbital, pentobarbital (Nembutal) and other					
	1509	barbiturate sedatives					
	1601	Ethchlorvynol (Placidyl)					
	1602	Glutethimide (Doriden)					
	1603	Methaqualone (Quaalude) Chloral hydrate and other Non-Barbiturate					
	1604	Sedatives/hypnotics					
	1701	Aerosols					
	1701	Nitrites					
	1	Gasoline, glue, and other inappropriately inhaled					
	1703	products					
	1704	Solvents (paint thinner and other solvents)					
		Anesthetics (chloroform, ether, nitrous oxide, and other					
	1705	anesthetics)					
	1801	Diphenhydramine					
		Other antihistamines, aspirin, Dextromethorphan (DXM)					
	1809	and other cough syrups, Ephedrine, sleep aids, and any other legally obtained, non-prescription medication					
	2001	Diphenylhydantoin/Phenytoin (Dilantin)					
	2001	Synthetic Cannabinoid "Spice", Carisoprodol (Soma)					
	2002	and other drugs					
L				ı			

TEDS DATA				9	State Data	Comment	
		ILDO DATA			Otate Data	- Comment	
TEDS #	Code	Data item description	State	Code	State Data Item Description	Please use this column space to provide explanation, definition, limitation, or other contextual information pertinent to your variable mapping and/or data reporting	
		GHB/GBL (gamma-hydroxybutyrate, gamma-					
	2003	butyrolactone					
	2004	Ketamine (Special K)					
	9996	Not applicable - Use when the value in Substance Abuse Problem is 01 None					
	9997	Unknown					
	9998	Not collected					
	Diagnost	ic Code (DSM or ICD) (Field will be retired, use					
SuDS 4	code 999.	98; use specific SA diagnostic code fields)		Not Colle	cted Force a number 999.98 into this field		
	XXX.XX	Specify if code from DSM or ICD					
	XXX	where "-" represents a blank					
	XXX	where "-" represents a blank					
	XXX.X-	where "-" represents a blank					
	999.97	Unknown Not collected					
	999.98	Not collected					
SuDS 5	Problems	rring Substance Abuse and Mental Health s (old SA name: Psychiatric Problem in Addition to Drug Problem) Yes - client has co-occurring substance abuse and	CR-33 CR-34 CR-35 CR-36	Second P Third Pre	senting Problem Presenting Problem Presenting Problem If any hold true then Yes else No Presenting Problem Problem Proble		
	1	mental health problems		5	Mood Disorders		
	1	Yes		6	Suicide		
	1	Yes		11	Thought Disorder		
	1	Yes		10	Eating Disorder		
	2	No - client does not have co-occurring substance abuse and mental health problems		1	Marital/Family		
	2	No No		2	Social		
	2	No		3 4	Coping Medical		
	2	No		7	Alcohol		
	2	No		8	Drugs		
	2	No		9	Criminal Justice System		
	2	No		12	Abuse/Assault/Rape Victim		
	2	No		13	Runaway Behavior		
	2	No		14	Perpetrator		
	2	No		15	Evaluation		
	2	No No		16	Gambling Not Applicable (CR-36, CR-37, or CR-38)		
	7	Unknown		0	INOLAPPIICADIE (CR-30, CR-31, OI CR-30)		
	8	Not collected					
0D0.0	D== 1	at Admiraian	OD 404	CA F	1-		
SuDS 6	Pregnant	at Admission Yes - female client was pregnant at admission	CK-101	SA Femal	Female Pregnant and No Children		
	1 1	Yes		3 4	Female Pregnant With Children		
i	2	No - female client was not pregnant at admission		1	Female Not Pregnant and No Children		
<u> </u>	2	ino - remaie client was not pregnant at admission		1	remaie Not Pregnant and No Children	1	

		TEDS DATA			State Data	Comment
TEDS #	Code	Data item description	State	Code	State Data Item Description	Please use this column space to provide explanation, definition, limitation, or other contextual information pertinent to your variable mapping and/or data reporting
	2	No		2	Female with Children	
	6 7 8	Not applicable - use this code for male clients or children in prepuberty age Unknown Not collected		0 9	Not Applicable (male) Unknown	
0.00			00.05			
SuDS 7	Veteran S		CR-25	Veteran S		
	1 1	Veteran Veteran		1	Veteran: Non-Combat Veteran: Combat	
	2	Not a Veteran		2	Not a Veteran	
	7	Unknown		9	Unknown	
	8	Not collected		, , , , , , , , , , , , , , , , , , ,		
SuDS 8	Living Ar	rangements	CR-22	Residenc	e	
	01	Homeless - clients with no fixed address; includes homeless shelters		1	Lacks a fixed, regular, night-time residence (includes shelters, time- limited transitional housing, street, vehicle, or succession of friends/relatives)	
	02	Dependent Living - clients living in a supervised setting such as a residential institution, halfway house, or group home, and children (under age 18) living with parents, relatives, or guardians or in foster care		3	Group Home	
	02	Dependent Living		4	Residential Treatment Center	
	02	Dependent Living		5	Boarding/Foster Home	
	02	Dependent Living		6	Jail/Correctional Facility	
	02 02	Dependent Living Dependent Living		7 8	Hospital Other Residential Setting	
	03	Independent living - clients living alone or with others without supervision; includes adult children (age 18 and over) living with parents and adolescents living independently. Also includes clients who live independently with case management or supported housing support.		2	Private Residence/Household	
	97	Unknown		9	Unknown	
	98	Not collected				
SuDS 9	Source o	f Income/Support	CR-29	Primary I	ncome Source	
	01	Wages/Salary		1	Self	
	01	Wages/Salary		2	Family (Parent/Guardian/Spouse/Adult Children)	
	02	Public assistance		7	DFS (Welfare)	
	02	Public assistance		3	SSI (Supplemental Security Income)	
	02	Public assistance		8	Other/Unemployment	
-	03	Retirement/Pension		6	Retirement SSDI (Social Security Disability Income)	
-	04	Disability Disability		5	Other Disability	
	20	Other		5	Other Disability	
	21	None				
	97	Unknown		99	Unknown	
L	1 7.				I .	I .

	TEDS DATA				State Data	Comment
TEDS #	Code 98	Data item description Not collected	State item #	Code	State Data Item Description	Please use this column space to provide explanation, definition, limitation, or other contextual information pertinent to your variable mapping and/or data reporting
0.0040				at least of the most	nding Source. Wait to submit an admit record until we have ne ESR. Use the data from the most recent ESR. Re-check recent ESR on every TEDS extract to see if the value has	
SuDS 10	Health Ins	Private Insurance (other than BCBS or HMO)	SR-9	changed. 2	If it has, submit a change record.	
	02	Blue Cross/Blue Shield (BCBS)			insurance	
	03	Medicare				
	04	Medicaid		1	Medicaid	
	06	Health maintenance organization (HMO)				
	20	Other (e.g., TRICARE)		4	Other (VA, DFS, DVR, etc.)	
	21	None		3	State	
	21	None		5	Self Pay (Client responsible for full service amount)	
	97	Unknown				
	98	Not collected				
SuDS 11	Payment	Source, Primary (Expected or Actual)		at least of the most	nding Source. Wait to submit an admit record until we have ne ESR. Use the data from the most recent ESR. Re-check recent ESR on every TEDS extract to see if the value has If it has, submit a change record.	
	01	Self-pay		5	Self Pay (Client responsible for full service amount)	
	02	Blue Cross/Blue Shield				
	03	Medicare			Madiaald	
	04 05	Medicaid Other government payments	_	1	Medicaid	
	06	Worker's compensation	_			
	07	Other health insurance companies		2	Insurance	
	08	No charge (free, charity, special research or teaching)				
	09	Other		3	State	
	09	Other		4	Other (VA, DFS, DVR, etc.)	
	97	Unknown				
	98	Not collected				
SuDS 12		Not in Labor Force'	CR-21	Employm		
	01	Homemaker		4	Homemaker: Adult not in workforce	
	02	Student		8	Student: 16 years of age or older, not in the labor force	
	03	Retired Disabled		5	Retired: Retired from active employment	
	04	Resident of institution or persons receiving services from institutional facilities such as hospitals, jails,		6	Disabled Unemployed: Unable to work for disability reasons	
	05	prisons, etc.		9	Inmate of an Institution	

	TEDS DATA				State Data	Comment
TEDS #	Code	Data item description	State	Code	State Data Item Description	Please use this column space to provide explanation, definition, limitation, or other contextual information pertinent to your variable mapping and/or data reporting
	06	Other (e.g. volunteer, seasonal worker)		7	Child: Under 16 years of age, not in the labor force	
	06	Other		12	Volunteer Position	
	96	Not applicable		1	Unemployed: Employable; no work available	
	96	Not applicable		2	Part Time: Less than 30 hours per week	
	96	Not applicable		3	Full Time: Greater than or equal to 40 hours per week	
	97	Unknown				
	98	Not collected				
SuDS 13		Criminal Justice Referral	CR-28	Referral	Ta	
	01	State/Federal court		4	Court (not Title 25 clients)	
	01	State/Federal court		31	Court Order (Title 25 clients)	
	02	Other court - court other than state or federal court		23	Drug Court	
	03	Probation/Parole		25	Adult Probation and Parole	
	03	Probation/Parole		26	Juvenile Probation (DFS)	
		Other recognized legal entity (e.g., local law enforcement agency, corrections agency, youth				
	04	services, review board/agency)		3	Police/Law Enforcement	
	05	Diversionary program (e.g., TASC)		3	Folice/Law Enliorcement	
	06	Prison		30	Department of Corrections	
	07	DUI/DWI		30	Department of Corrections	
	08	Other				
	96	Not applicable		1	Self	
	96	Not applicable		2	Family/Friends	
	96	Not applicable		5	Private Psychiatrist	
	96	Not applicable		6	Other Physician	
	96	Not applicable		7	Other Private Mental Health Practitioner	
	96	Not applicable		8	Clergy	
	96	Not applicable		9	Wyoming State Hospital	
	96	Not applicable		10	Other Inpatient Psychiatric Service	
	96	Not applicable		11	Drug/Alcohol Abuse Treatment Center	
	96	Not applicable		13	Shelter	
	96	Not applicable		14	Community Mental Health Center	
	96	Not applicable		15	Other	
	96	Not applicable		16	Schools	
	96	Not applicable		17	Employer	
	96	Not applicable		18	DFS (Department of Family Services)	
	96	Not applicable		19	DVR (Division of Vocational Rehabilitation)	
	96	Not applicable	-	20	Nursing Home	
	96	Not applicable Not applicable	-	21	Medical Hospital DD (Developmental Disability)	
	96	Not applicable Not applicable		22	Early Childhood Setting	
	96	Not applicable		27	Attorney	
<u> </u>	96 96	Not applicable	-	28 29	Veterans Affairs	
	96	Not applicable Not applicable		32	Social Security/Disability	
	96	Not applicable Not applicable		33	WLRC (Wyoming Life Resource Center)	
	96	Not applicable Not applicable	-	99	Unknown	
	97	Unknown		33		
	98	Not collected				
L	- 50			l	1	

	TEDS DATA				State Data	Comment
TEDS #	Code	Data item description	State	Code	State Data Item Description	Please use this column space to provide explanation, definition, limitation, or other contextual information pertinent to your variable mapping and/or data reporting
#	Code	Data item description	iteiii #	Code	State Data Item Description	reporting
SuDS 14	Marital S	tatue	CR-23	Marital St	ratue	
Oubo 14	Iviai itai O	Never married - includes clients who are single or	011-20	Waritar O		
	01	whose only marriage was annulled		1	Never Married	
	01	Never married		6	Minor Child	
	02	Now married - includes married couples, those living together as married, living with partners, or cohabiting		2	Now Married	
	03	Separated - includes those legally separated or otherwise absent from spouse because of marital discord		3	Legally or Otherwise Absent	
-	03	Divorced		4	Divorced	
	05	Widowed		5	Widowed	
	97	Unknown		7	Unknown	
	98	Not collected				
			CR-13	First Con		
SuDS 15	Days Wa	iting To Enter SA Treatment		Date of th	e First ESR (service)	
	000-996 997	Number of days waiting Unknown	-		# of days between CR-13 First Contact Date and the date of the first ESR (service)	Changed the way number of days waiting is calculated for FY21
	998	Not collected			Use if first ESR (service) has not yet been entered when the admit is submitted to TEDS	
SuDS 16		n Past 30 Days	CR-78		er Of Arrests	
	00	None		0	None	
	01	1 Arrest 2 Arrests		1	2	
	02	2 Arrests	_	2	3	
	04-96	4 or more Arrests		4	IMore Than 3	
	97	Unknown		9	Unknown	
	98	Not collected				
	İ	•				
SuDS 17	Attendan	ce at SA Self-Help SA Groups in Past 30 Days	CR-99	Social Co	nnectedness	
	01	No attendance		2	No - No Attendance in Past Month	
	02	Less than once a week - 1 to 3 times in the past 30 days				
	03	About once a week - 4 to 7 times in the past 30 days				
	04	2 to 3 times per week - 8 to 15 times in the past 30 days				
	05	At least 4 times a week - 16 to 30 times in the past 30 days				
	06	Some attendance - number of times and frequency is unknown		1	Yes - Attended 1 or More Meeting(s) in Past Month	
	97 98	Unknown Not collected				
	90	NOT COLLECTED		l		

TEDS DATA					State Data	Comment
TEDS #	Code	Data item description	State item #	Code	State Data Item Description	Please use this column space to provide explanation, definition, limitation, or other contextual information pertinent to your variable mapping and/or data reporting
SuDS 18	Diagnosti	c Code Set Identifier	CR-37	Diagnosis	 s 1 (is ICD-10)	
Oubo 10	1 1	DSM-IV	OI COT	Null/0	DSM-IV	
		ICD-9		11470		
		ICD-10		1	ICD-10	
	4	DSM-V				
		DSM-111 R				
		Unknown				
	8	Not collected				
0.00.40			00.07			
SuDS 19		e Abuse Diagnosis (use instead of SuDS 4)	CR-37	Diagnosis	S 1	
	XXX.XXXX XXX	where "-" represents a blank			Alphanumeric - up to 7 digits	
		where "-" represents a blank				
		where "-" represents a blank				
		where "-" represents a blank				
	xxx.xxx-	where "-" represents a blank				
	999.9997					
	999.9998	Not collected				
Discharge Data Set	Unless sp reported.	ecified as optional, these DIS fields must be				
DIS 1	System Ti	ransaction Type	NA	System T	ransaction Type	
		Add	CR-11	A	A Add - CR-11 TransactionStatus = 2 (Discharge)	
	С	Change		С	C Change	
	D	Delete		D	D Delete	
DIS 2	State Cod	e (key field)	NA	FIPS Stat	e Code	
		2 characters			WY	
DIS 3	Reporting	Date (MMYYYY)	NA	Month an	d year data file submitted	
2.00					MMYYYY	
Dia 4	01.1.		05.7	-		
DIS 4		vider Identifier (key field) 1-15 characters	CR-7	Agency C		
		1-10 Grandolets			Alphanumeric 6 digits	
DIS 5	Client Ide	ntifier (key field)		WCIS Clie	ent ID	
5.00	3.10111.1001	1-15 characters			Alphanumeric 14 (MUST NOT CONTAIN PHI) - use internal Client ID	
DIS 6	Codepend	lent/Collateral (key field)		Not Colle	cted Force a number 2 into this field	
		Codependent/Collateral				
	2	Client				
<u> </u>]		

explanation, definition, limitation, or other contextual information pertiner	TEDS DATA					State Data	Comment
Level III / Medically Montroxed High-intensity Residential/Inpatent Addit Control Processing (April 1994) (Processing April 19		Code	Data item description		Code	State Data Item Description	Please use this column space to provide explanation, definition, limitation, or other contextual information pertinent to your variable mapping and/or data reporting
On Deboxification, 24-hour service, hospital inpatient of 22-brief in 24-hour service, hospital inpatient of 24	DIS 7	Type of T	reatment Service/Treatment Setting (key field)	CR-100	SA Prima	ry Service Category	
Detoxification, 24-hour service, hospital inpatient 1		01	Detoxification, 24-hour service, hospital inpatient		28 29	Level III.7 Medically Monitored High-Intensity Residential/Inpatient Adolescent Level III.7 Medically Monitored Intensive Inpatient Adult	
Detorification, 24-hour service, hospital inpatient St. Verel IV.D Medically Managed Intensive Inpatient Detorification Adult						· '	
9.2 Detoxification, 24-hour service, free-standing residential 9.2 Detoxification, 24-hour service, free-standing residential 9.2 Detoxification Advisor service, free-standing residential 9.3 detoxification of Service of Se		<u> </u>			1	Adolescent	
O2 Detoxification, 24-hour service, free-standing residential 23 Level III.2 D Clinically Managed Residential Detoxification Adult Rahabilitation/residential - hospital (other than 19 Level III.5 Partial Hospitalization Adolescent 20 Level III.5 Partial Hospitalization Adult Level IV. Medically Managed Intensive Inpatient Adult Level IV. Medically Managed Low-intensity Residential Adolescent Level III.4 Clinically Managed Low-intensity Residential Adult Level III.4 Clinically Managed Low-intensity Residential Adult Level III.5 Clinically Managed							
19							
20 Level II.5 Partial Hospitalization Adult		03	detoxification)		19	Level II.5 Partial Hospitalization Adolescent	
Q3 detoxification Q3 detoxification Q3 detoxification Q3 detoxification D3 D4 Rehabilitation/residential - hospital (other than detoxification) Q4 Rehabilitation/residential - short term (30 days or fewer) Q2 Level II.1 Clinically Managed Intensive Inpatient Adult D4 Rehabilitation/residential - short term (30 days or fewer) Q2 Level III.1 Clinically Managed Low-Intensity Residential Adult D4 D4 D4 D4 D4 D4 D4 D		03	detoxification)		20	Level II.5 Partial Hospitalization Adult	
detoxification 33 Level IV Medically Managed Intensive Inpatient Adult 14 Level III. Clinically Managed Low-Intensity Residential Adolescent 22 Level III. Clinically Managed Low-Intensity Residential Adult 24 Level III. Clinically Managed Low-Intensity Residential Adult 25 Level III. Clinically Managed Low-Intensity Residential Adult 24 Level III. Clinically Managed Low-Intensity Residential Adult 25 Level III. Clinically Managed Low-Intensity Residential Adult 25 Level III. Clinically Managed High-Intensity Residential Adult 26 Level III. Clinically Managed High-Intensity Residential Adult 26 Level III. Scinically Managed High-Intensity Residential Adult 27 Level III. Scinically Managed High-Intensity Residential Adult 28 Level III. Intensity Clinically Managed High-Intensity Residential Adult 28 Level III. Intensity Clinically Managed High-Intensity Residential Adult 28 Level III. Intensity Clinically Managed High-Intensity Residential Adult 28 Level III. Intensity Clinically Managed High-Intensity Residential Adult 28 Level III. Intensity Clinically Managed High-Intensity Residential Adult 28 Level III. Intensity Clinically Managed High-Intensity Residential Adult 28 Level III. Intensity Clinically Managed High-Intensity Residential Adult 28 Level III. Intensity Clinically Managed High-Intensity Residential Adult 28 Level III. Intensity Clinically Managed High-Intensity Residential Adult 28 Level III. Intensity Clinically Managed High-Intensity Residential Adult Level III. Intensi		03	detoxification)		32	Level IV Medically Managed Intensive Inpatient Adolescent	
Q4 Rehabilitation/residential - short term (30 days or fewer) 22 Level III.1 Clinically Managed Low-Intensity Residential Adult		03			33	Level IV Medically Managed Intensive Inpatient Adult	
Rehabilitation/residential - long term (more than 30 days) Rehabilitation/residential - long term (more than 30 days) So days) Rehabilitation/residential - long term (more than 30 days) So daysication intensity Residential Adult So days) So daysication intensity Residential Adult So device ill. 5 Clinically Managed High-		04			21		
Qs Rehabilitation/residential - long term (more than 30 days) 24 Level III.3 Clinically Managed Medium-Intensity Residential Adult		04			22	Level III.1 Clinically Managed Low-Intensity Residential Adult	
Company		05	days)		24	Level III.3 Clinically Managed Medium-Intensity Residential Adult	
26		05	days)		25	Level III.5 Clinically Managed High-Intensity Residential Adolescent	
18		05	ů ,		26	Level III.5 Clinically Managed High-Intensity Residential Adult	
07 Ambulatory - non-intensive outpatient 07 Ambulatory - non-intensive outpatient 07 Ambulatory - non-intensive outpatient 08 Ambulatory - non-intensive outpatient 08 Ambulatory - detoxification 09 Ambulatory - detoxification 00 - No Treatment Recommended 10 - No Treatment Recommended 11 - Level 0.5 Early Intervention 01 SR-8 Date of Last Contact or Data Update (key field) 01 Not collected 01 Outpatient Adolescent 04 Level I Outpatient Adolescent 04 Level I Outpatient Adolescent 05 Ambulatory - non-intensive outpatient 06 Ambulatory - non-intensive outpatient 07 Ambulatory - non-intensive outpatient 08 Ambulatory - non-intensive outpatient 09 Ambulatory - non-intensive outpatient 00 Ambulatory - non-intensive out		06					
07 Ambulatory - non-intensive outpatient 07 Ambulatory - non-intensive outpatient 07 Ambulatory - non-intensive outpatient 08 Ambulatory - detoxification Records with the following values do not get pulled: 0 - No Treatment Recommended 12 - Level 0.5 Early Intervention DIS 8 Date of Last Contact or Data Update (key field) SR-8 Date of Service (of last ESR in treatment episode) MMDDYYYY MMDDYYYY O1010007 Unknown O1010008 Not collected DIS 9 Date of Discharge (key field) CR-12 Transaction Date			·			·	
07 Ambulatory - non-intensive outpatient 08 Ambulatory - detoxification Records with the following values do not get pulled: 0 - No Treatment Recommended 12 - Level 0.5 Early Intervention DIS 8 Date of Last Contact or Data Update (key field) SR-8 Date of Service (of last ESR in treatment episode) MMDDYYYY 01010007 Unknown 01010008 Not collected DIS 9 Date of Discharge (key field) CR-12 Transaction Date			·			·	
07 Ambulatory - non-intensive outpatient 08 Ambulatory - detoxification Records with the following values do not get pulled: 0 - No Treatment Recommended 12 - Level 0.5 Early Intervention DIS 8 Date of Last Contact or Data Update (key field) SR-8 Date of Service (of last ESR in treatment episode) MMDDYYYY 01010007 Unknown 01010008 Not collected DIS 9 Date of Discharge (key field) CR-12 Transaction Date			'		14	Level i Outpatient Adult	
DIS 8 Date of Last Contact or Data Update (key field) MMDDYYYY O1010007 Unknown O1010008 Not collected DIS 9 Date of Discharge (key field) CR-12 Transaction Date Transaction Date CR-12			·				
Records with the following values do not get pulled: 0 - No Treatment Recommended 12 - Level 0.5 Early Intervention					-		
0 - No Treatment Recommended 12 - Level 0.5 Early Intervention 12 - Level 0.5 Early Intervention 13 - Level 0.5 Early Intervention 14 - Level 0.5 Early Intervention 15 - Level 0.5 Early Intervention 16 - No Treatment Recommended 17 - Level 0.5 Early Intervention 18 - Level 0.5 Early Intervention 1		1	,			Records with the following values do not get pulled:	
DIS 8 Date of Last Contact or Data Update (key field) SR-8 Date of Service (of last ESR in treatment episode) MMDDYYYY MMDYYYY MMDDYYYY MMDYYYY MMDDYYYY MMDDYYYY MMDDYYYY MMDDYYYY MMDDYYYY MMD		1				5 1	
MMDDYYYY							
MMDDYYYY							
01010007 Unknown	DIS 8	Date of La		SR-8	Date of S		
DIS 9 Date of Discharge (key field) CR-12 Transaction Date		01010007				ווווועווווווווווווווווווווווווווווווווו	
DIS 9 Date of Discharge (key field) CR-12 Transaction Date							
DIS 9 Date of Discharge (key field) CR-12 Transaction Date MMDDYYYY MMDDYYYY MMDDYYYY		01010008	Not collected				
MMDDYYYY MMDDYYYY MMDDYYYY	DIS 0	Date of D	ischarge (key field)	CR-12	Transacti	I on Date	
	010 9	Date of D		011-12	riansacti		
		1					

TEDS DATA					State Data	Comment
		TEBO DATA				- Commone
TEDS #	Code	Data item description	State	Code	State Data Item Description	Please use this column space to provide explanation, definition, limitation, or other contextual information pertinent to your variable mapping and/or data
#		or Discharge, Transfer, or Discontinuance of	item#	Code	State Data item Description	reporting
DIS 10	Treatmen		CR-72	Discharge	o Status	
DIS 10	Treatmen		011-72	Discharge	Treatment Completed (Majority of the treatment plan or program was	
	01	Treatment completed		1	completed)	
	02	Dropped out of treatment (lost contact, administrative discharge, left against medical advice, eloped, failed to return from leave, and client choice)			AMA (Against Medical Advice. Self terminated treatment when client clearly does not follow through with treatment recommendations)	
	02	Dropped out of Treatment		10	No Show (Client makes appointments but never returns for services)	
	02	Dropped out of Treatment		11	Automatically Discharged by WCIS (This value is used internally by WCIS only)	
	03	Terminated by facility		3	Terminated by Facility (Treatment terminated by action of facilitynot because client dropped out of treatment or client incarcerated or other client reason, documentation of steps taken for solution and explaining why termination was necessary)	
	04	Transferred to another treatment program or facility		4	Transferred to Another Facility (Client was transferred to another SA or MH treatment program, provider or facility)	
	04	Transferred to another treatment program or facility		13	Recommended for Another Level of Treatment	
	14	Transferred to another treatment program but client is no show				
	05	Incarcerated or released by or to courts		8	Incarcerated (Jail, prison, or house confinement)	
	06	Death		6	Death (Patient/Client Died)	
	07	Other (includes aging out of the children's MH system, completion of an evaluation that did not result in a referral for treatment services, and all other reasons)		7	Other (e.g., illness, hospitalization, or other reason somewhat out of client's control)	
	07	Other		12	Moved	
	07	Other		5	Evaluation Only (Client evaluated without agency intention to treat client)	
	08	Unknown - This code will continue to be accepted. However, States are encouraged to use the code 97 Unknown instead.		-		
	24	Transferred to another treatment program or facility that is not in the SSA or SMHA reporting system				
	97	Unknown		9	Unknown (Client status at discharge not known e.g. record incomplete or lost, or data not available)	
	98	Not collected				
		DIS 11 through DIS 20 - the va	ilues come	from the	Admission file	
DIS 11	Provider	Identifier at Admission (MDS 1)				
DIS 12	Client Ide	entifier at Admission (MDS 2)			Alphanumeric 14 (MUST NOT CONTAIN PHI) - use internal Client ID	

TEDS DATA					State Data	Comment
TEDS #	Code	Data item description	State	Code	State Data Item Description	Please use this column space to provide explanation, definition, limitation, or other contextual information pertinent to your variable mapping and/or data reporting
		·				·
DIS 13	Codenene	dent/Colleteral /from admission record MDS 2\				
DIO 13	Codepend	dent/Collateral (from admission record MDS 3)				
DIO 44			-			
DIS 14	Client Tra	Insaction Type (from admission record MDS 4)				
			_			
DIS 15	Date of A	dmission (from admission record MDS 5)				
DIS 16	Type of S	ervice at Admission (MDS 18)				
DIS 17	Date of Bi	irth (from admission record MDS 8)				
DIS 18	Gender (f	rom admission record MDS 9)				
DIS 19	Race (from	m admission record MDS 10)				
DIS 20	Ethnicity	(from admission record MDS 11)				
	1	,				
			CR-79	SA Drug I	Problem One	
DIS 21			CR-84	SA Drug I	Problem Two	
(A, B, C)	Substanc	e Abuse Problem (primary, secondary, tertiary)	CR-89		Problem Three	
		None		0	None (CR-109 or CR-114)	
	_	Alcohol		4	Alcohol	
	03	Cocaine/Crack		8	Cocaine/Crack	
	04	Marijuana/Hashish		9	Marijuana/Hashish	
	05 06	Heroin Non-Prescription Methadone		2	Heroin Non-Rx Methadone	
	06	Other Opiates And Synthetics		3	Other Opiates & Synthetics	
	07	Other Opiates And Synthetics		24	Buprenorphine	
	08	PCP-Phencyclidine		14	PCP/Other Hallucinogens	
	09	Hallucinogens		10	Hallucinogens	
	10	Methamphetamine/Speed		16	Methamphetamine	
	11	Other Amphetamines		7	Other Amphetamines	
	11	Other Amphetamines Other Stimulants		19	MDMA/Ecstasy Other Stimulants	
	12 13	Benzodiazepine	_	17 18	Benzodiazepines	
	13	Benzodiazepine		20	Rohypnol	
	13	Benzodiazepine		23	Clonazepam	
	14	Other Tranquilizers		13	Tranquilizers	
	15	Barbiturates		5	Barbiturates	
	16	Other Sedatives or Hypnotics		6	Other Sedatives	
	17	Inhalants		11	Inhalants	

TEDS DATA			State Data			Comment
TEDS #	Code	Data item description	State	Code	State Data Item Description	Please use this column space to provide explanation, definition, limitation, or other contextual information pertinent to your variable mapping and/or data reporting
π	18	Over-the-counter medications	iteili #	12	Over-the-Counter Medications	reporting
	20	Other Drugs		15	Other	
	20	Other Drugs		22	Ketamine	
	20	Other Drugs		21	GHB/GBL	
	97	Unknown		99	Unknown (CR-97 or CR-102)	
	98	Not collected		33	Official (Orea) of Ore 102)	
	30	140t conceted				
DIS 22 (A, B, C)	Frequenc tertiary)	ey of Use at Discharge (primary, secondary,	CR-81 CR-86 CR-91	SA Frequ	lency Of Use One lency Of Use Two lency Of Use Three	
	01	No Use in the Past Month		0	No Use (if CR-97 or CR-102 value is NOT equal to 0 (None))	
	01	No Use in the Past Month		8	No Use due to recent stay in Controlled Environment	
	02	1-3 Days in the Past Month		1	Less Than Once Per Week	
	03	1-2 Days in the Past Week		2	Once Per Week	
	04	3-6 Days in the Past Week		3	Several Times Per Week	
	05	Daily		4	Once Daily	
	05	Daily		5	Two to Three Times Daily	
	05	Daily		6	More than Three Times Daily	
	96	Not applicable		0	No Use (if CR-97 or CR-102 value is equal to 0 (None))	
	97	Unknown				
	98	Not collected				
DIS 23	l iving Ar	rangement	CR-22	Residenc	ne .	
5.6 25	01	Homeless - clients with no fixed address; includes homeless shelters	GIVEE	1	Lacks a fixed, regular, night-time residence (includes shelters, time- limited transitional housing, street, vehicle, or succession of friends/relatives)	
	02 02	Dependent Living - clients living in a supervised setting such as a residential institution, halfway house, or group home, and children (under age 18) living with parents, relatives, or guardians or in foster care Dependent Living		3	Group Home Residential Treatment Center	
	02	Dependent Living		<u>4</u> 5	Boarding/Foster Home	
	02	Dependent Living		6	Jail/Correctional Facility	
	02	Dependent Living		7	Hospital	
	02	Dependent Living		8	Other Residential Setting	
	03	Independent living - clients living alone or with others without supervision; includes adult children (age 18 and over) living with parents and adolescents living independently. Also includes clients who live independently with case management or supported housing support.		2	Private Residence/Household	
	97	Unknown		9	Unknown	
	98	Not collected		9		
	30					
DIS 24	Employm	ent Status at Discharge	CR-21	Employm	ent	

	TEDS DATA				State Data	Comment
TEDS #	Code	Data item description	State	Code	State Data Item Description	Please use this column space to provide explanation, definition, limitation, or other contextual information pertinent to your variable mapping and/or data reporting
		Full time - working 35 hours or more each week, including active duty members of the uniformed				
	01	services		3	Full Time: greater than or equal to 30 hours per week	
	02	Part time - working fewer than 35 hours each week		2	Part time: less than 30 hours per week	
	03	Unemployed - looking for work during the past 30 days or on layoff from a job		1	Unemployed; Employable; no work available	
		Not in labor force - not looking for work during past 30 days, or a student, homemaker, disabled, retired, or an inmate of an institution. Clients in this category are further defined in Detailed Not in Labor Force (SuDS			Llamamakan Adultustin yankin	
	04	12).		4	Homemaker: Adult not in workforce	
	04	Not in Labor Force Not in Labor Force		5	Retired: Retired from active employment	
	04	Not in Labor Force		6	Disabled Unemployed: Unable to work for disability reasons	
	04	Not in Labor Force		7	Child: Under 16 years of age, not in labor force Student: 16 years of age or older, not in labor force	
	04	Not in Labor Force		8 12	Volunteer Position	
	04	Not in Labor Force		9	Inmate of an Institution	
	97	Unknown		9	Illinate of all institution	
	98	Not collected				
	90	Trot concercu				
DIS 25		Not in Labor Force at Discharge	CR-21	Employm		
	01	Homemaker		4	Homemaker: Adult not in workforce	
	02	Student		8	Student: 16 years of age or older, not in labor force	
	03	Retired		5	Retired: Retired from active employment	
	04	Disabled		6	Disabled Unemployed: Unable to work for disability reasons	
	05	Resident of institution or persons receiving services from institutional facilities such as hospitals, jails, prisons, long-term residential care, etc.)		9	Inmate of an Institution	
	06	Other - for example, volunteer, seasonal worker, other categories used by the state not specified		7	Child: Under 16 years of age, not in labor force	
	06	Other Not applicable - use this code if Employment Status is 04 (Not in Labor Force)		12	Volunteer Position	
	96 96	Not applicable		3 2	Full Time: greater than or equal to 30 hours per week Part time: less than 30 hours per week	
	96	Not applicable Not applicable		1	Unemployed; Employable; no work available	
<u> </u>	96	Unknown			onemployed, Employable, no work available	
	98	Not collected				
<u> </u>	90	Tiot concoled				
DIS 26		Past 30 Days	CR-78		er Of Arrests	
	00	None		0	None	
	01	1 Arrest		1		
	02	2 Arrests		2	2	
	03	3 Arrests		3	More Than 2	
	04-96 97	4 or more Arrests Unknown		9	More Than 3 Unknown	
	97	Not collected		9	OTIKTIOWIT	
	98	INOL CONSCIEU		<u> </u>		1

TEDS DATA					State Data	Comment
TEDS #	Code	Data item description	State item #	Code	State Data Item Description	Please use this column space to provide explanation, definition, limitation, or other contextual information pertinent to your variable mapping and/or data reporting
		-	-			
DIS 27	7 Attenda	nce at Self-Help Groups in Past 30 Days		Social Co	nnectedness	
	01	No attendance		2	No - No Attendance in Past Month	
		Less than once a week - 1 to 3 times in the past 30				
	02	days				
	03	About once a week - 4 to 7 times in the past 30 days				
		2 to 3 times per week - 8 to 15 times in the past 30				
	04	days				
	05	At least 4 times a week - 16 to 30 times in the past 30				
	05	days Some attendance - number of times and frequency is	-			
	06	unknown		1	Yes - Attended 1 or More Meeting(s) in Past Month	
	97	Unknown				
	98	Not collected				
DIS 28	Client T	ransaction Type (key field)	CR-11	Transacti	on Status	
	D	Discharge		D	Admission - CR-11 Transaction Status = 2 (Discharge)	
					_ (=g/	
			_			
		+				