Substance Abuse and Mental Health Services Administration
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Treatment Episode Data Set (TEDS)

State Instruction Manual

with State TEDS Submission System (STSS) Guide

Prepared for:

Center for Behavioral Health Statistics and Quality
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 2-1044
Rockville, MD 20857

Prepared by:

Synectics for Management Decisions, Inc.
1901 N. Moore St., Suite 900
Arlington, VA 22209

Version 3.2 - May 2014

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1 Choke Cherry Road, Room 2-1044
Rockville, Maryland 20857

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Contacts

Substance Abuse and Mental Health Services Administration (SAMHSA)

Center for Behavioral Health Statistics and Quality (CBHSQ)
Task Order HHSS28320070048I/HHSS28343001T, Reference No. 283-07-4803

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BHSIS Resource Center

An information site for state behavioral health agency BHSIS representatives. Contact the TEDS Project Office for URL, user ID, and password.

TEDS Project Office

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Changes

This edition of the *TEDS State Instruction Manual* integrates the formerly separate *TEDS Admission Manual* and *TEDS Discharge Manual* and incorporates the *Guide to the State TEDS Submission System (STSS)*, eliminating duplication of instructions and providing a single reference manual for the TEDS system.

We have introduced the **BHSIS Resource Center**, a one-stop online resource for State Substance Abuse Agencies (SSAs), State Mental Health Authorities (SMHAs,) and other agency partners involved in SAMHSA's Behavioral Health Services Information System (BHSIS). The site includes user manuals, data reports, and other project materials for each of the major BHSIS components. It also includes an e-forum to promote the exchange of information, ideas, and resources among partners. Contact the TEDS or I-BHS Project Offices for the URL, user ID, and password.

1. Changes to the data system:

   A ***Diagnostic Code Set identifier*** indicator and ***Substance Abuse Diagnostic Code*** capable of accepting the longer ICD-10 codes has been appended to the end of the standard TEDS record in STSS version 3.2. States may begin submitting these data as soon as modifications can be made to their data extraction programs.

   States that do not submit ICD-10 compatible format diagnoses do not need to make any changes to their data extraction programs. The fields, if absent, will be automatically filled with the code for *Not collected*.

2. Changes to variable names:
   - Renamed ***Ethnicity*** to ***Hispanic or Latino Origin (Ethnicity)*** to comply with OMB specifications.
   - Renamed ***Psychiatric Problem in Addition to Alcohol or Drug Problem*** to ***Co-Occurring Substance Abuse and Mental Health Problems.***

3. Changes to ***Education***:
   - Code *70 Graduate or Professional School* was added. States may use this code instead of the detailed codes *17-25 years*.
   - Code *71 Vocational School* was added.

4. Changes to ***Substance Abuse Problem*** and ***Detailed Drug Code***.
   - Drug lists were revised to make them consistent in the fields ***Detailed Drug Code*** and ***Substance Abuse Problem.***
   - Several substances were added to the ***Detailed Drug Code*** and ***Substance Abuse Problem*** lists:
     - *0706 Butorphanol (Stadol)*
     - *1109 "Bath salts"*
     - *1809 Dextromethorphan (DXM)*
     - *1809 Ephedrine*
     - *2002 "Spice"*
     - *2002 Carisoprodol (Soma)*
     -
   - The redundant code *1605 Other Sedatives* was dropped.

Introduction

Summary

This document is the *State Instruction Manual* for reporting admission and discharge data to the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Treatment Episode Data Set (TEDS). The manual describes the TEDS data system and the information needed to produce and submit standard admission and discharge data files to the TEDS Project Office.

This edition of the *TEDS State Instruction Manual* integrates the formerly separate *TEDS Admission Manual* and *TEDS Discharge Manual* and incorporates the *Guide to the State TEDS Submission System (STSS)*, eliminating duplication of instructions and providing a single reference manual for the TEDS system.

This manual is intended for all state substance abuse/behavioral health agency staff, IT departments, and/or contractors involved in the collection, extraction, and submission of the TEDS data files. Assistance in the use of this manual and in the development and submission of files is provided by the BHSIS contractor (see *Contacts*).

TEDS is a compilation of demographic, substance abuse, and socioeconomic characteristics collected in state administrative data systems. The state role in submitting TEDS data to SAMHSA is critical because TEDS is the only national client-level database on substance abuse treatment. These data are used by federal policymakers, researchers, and many others for comparisons and trends on the characteristics of persons receiving substance abuse treatment. TEDS provides data outcomes in support of program performance measurement and management goals.

Eligible facilities include all substance abuse treatment providers or programs required to report client information to the state substance abuse/behavioral health agency. Eligible clients include all persons, regardless of individual funding source, who were admitted for treatment to a substance abuse treatment program and who completed the initial treatment session.

For submission to TEDS, states are required to extract data from their systems using a pre-determined format and, if necessary, converting state data elements to TEDS data definitions. The use of consistent reporting formats and data definitions is essential to the production of valid national data.

Two data sets, admissions records and discharge records, are collected. These two data sets are linkable using a HIPAA-compliant, non-protected health information unique client identifier that is a key field in both files. States use the State TEDS Submission System (STSS) to validate and submit records on a monthly or quarterly basis.

Federal Data Collection Authority

Section 505 (a) of the Public Health Service Act (42 U.S.C. 290aa-4) directs the SAMHSA Administrator to collect data on the number of public and private behavioral health treatment programs and the number and characteristics of individuals seeking treatment through such programs. Appendix A: Background provides additional information on the authority for and history of TEDS.

Behavioral Health Services Information System (BHSIS)

TEDS is one of the components of the Behavioral Health Services Information System (BHSIS).[1] The BHSIS contractor collects, manages, analyzes, and improves BHSIS, an integrated data system operated by SAMHSA/CBHSQ for the collection and nationwide dissemination of data on behavioral health treatment facilities and their clients to policymakers, researchers, and the public. It has a broad scope and high visibility.

BHSIS Components:

- The Treatment Episode Data Set (TEDS)
- The Inventory of Behavioral Health Services (I-BHS) is a comprehensive national listing of behavioral health facilities in the United States and its overseas territories. It is updated on a continuous basis through a variety of mechanisms.
- The National Survey of Substance Abuse Treatment Services (N-SSATS) is a biennial census and annual services survey of the substance abuse treatment providers on I-BHS.
- The National Mental Health Services Survey (N-MHSS) is a biennial census and annual services survey of the mental health treatment providers on I-BHS.

The operation of the core components is supported by a variety of adjunct components that include quality control and error identification, management and tracking, web-based data-entry interfaces, data access and information tools, and consumer products.

[1] Formerly the Drug and Alcohol Services Information System (DASIS)

State Participation and Quality Control

State BHSIS Contacts

SAMHSA and the BHSIS contractor may interact with several state BHSIS contacts including the following contact types:

- TEDS: State contact responsible for TEDS submissions
- I-BHS: State contact responsible for maintenance of I-BHS
- N-SSATS: State contact who assists with N-SSATS
- Crosswalk: State contact who maintains the TEDS Crosswalk
- MIS: State contact with Management Information System expertise
- SSA Director: State substance abuse program director or designee
- BHSIS State Data Manager: Management-level person usually having responsibility for most or all state BHSIS components

The **BHSIS Resource Center** includes a link to the BHSIS Contact Agency Management System (CAMS). States are encouraged to visit the BHSIS Resource Center frequently and to notify the BHSIS contractor of any name, position, or address changes for these contacts.

State TEDS Participation

The BHSIS contractor administers annual contractual agreements with state substance abuse and mental health agencies for support of the BHSIS data system, including submission of TEDS data, state updates of the I-BHS, and state support for the N-SSATS and N-MHSS.

The active participation of designated BHSIS, I-BHS, and/or TEDS representatives within the state substance abuse agencies has been critical to the success of TEDS. These representatives oversee the TEDS data and submission process. They communicate frequently with the TEDS Project Office and CBHSQ to resolve issues and discrepancies to ensure that the TEDS data are complete and accurate.

TEDS data submission and processing are subject to a series of measures to be undertaken by both the state and the TEDS Project Office to ensure that the TEDS system contains accurate and valid data. States should develop procedures to ensure that the data they submit to TEDS are accurate and in the correct format.

State Responsibilities

Each state is responsible for:

- Ensuring that each record in the data submission contains the required key fields, that all fields in the record contain valid codes, and that no duplicate records are submitted
- Cross-checking data items for consistency across data fields
- Responding promptly to TEDS error reports by resubmitting corrected data where appropriate

- Reviewing TEDS Quarterly Feedback Tables for accuracy, comparing TEDS data with comparable state data to ensure the state data have been completely and accurately reported to TEDS, and notifying the TEDS Project Office of any data issues identified
- Responding to questions about potential data problems, when applicable, and resolving all data issues identified or providing an explanation for why the data issue cannot be resolved or does not require resolution
- Submitting data to TEDS according to the agreed-upon reporting schedule
- Notifying the TEDS Project Office as soon as the state determines it cannot meet a scheduled submission

TEDS Project Office Responsibilities

The TEDS Project Office is responsible for:

- Ensuring that the Crosswalk Plan is up-to-date, and that the TEDS extraction program based on the information in the Crosswalk Plan is accurate
- Promptly processing of state data submissions into the TEDS master files (generally within 2-3 business days)
- Ensuring that states are submitting data in an acceptable file format
- Checking each record submitted to ensure that it contains all TEDS key fields and that all TEDS key fields are valid
- Cross-checking information within records to ensure consistency and accuracy
- Ensuring that each record in the TEDS database is unique
- Notifying states of errors in their data submissions and providing help to resolve state submission problems
- Ensuring appropriate security of state submissions
- Promptly returning the CD to the states (if so instructed)
- Providing states with TEDS Quarterly Feedback Reports on a timely basis at the end of each calendar quarter

Reporting Framework

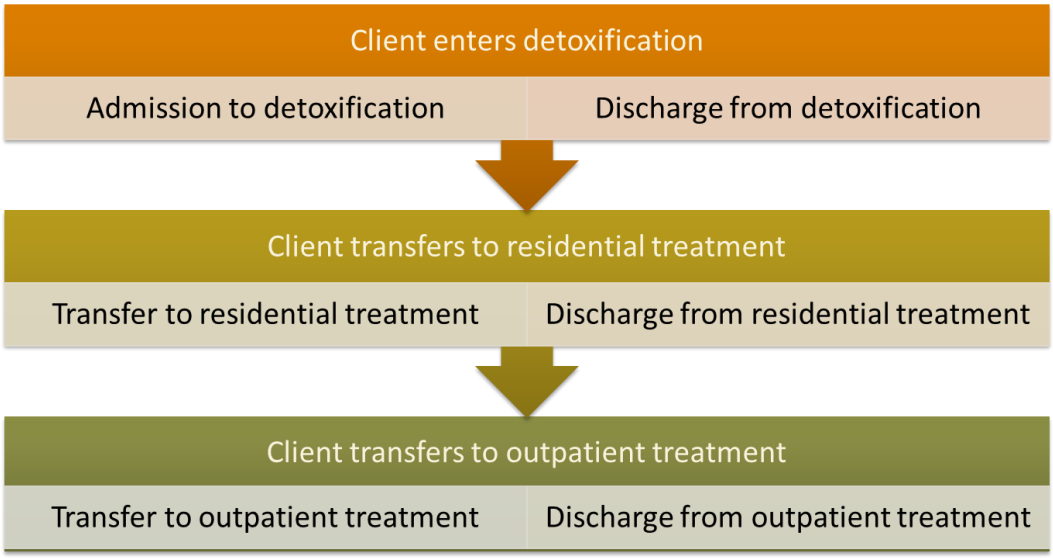
Treatment Episodes

A **treatment episode** is defined as the period between initiation of treatment (admission) and termination of treatment (discharge), ideally according to a treatment plan. A treatment episode may involve receipt of a sequence of **service types**. TEDS service types broadly represent the treatment setting and the length and intensity of treatment services:

- Detoxification - Hospital
- Detoxification - Free-standing residential
- Residential - Hospital
- Residential - Short-term (30 days or fewer)
- Residential - Long-term (more than 30 days)
- Ambulatory - Detoxification
- Ambulatory - Outpatient
- Ambulatory - Intensive outpatient

TEDS collects data on the two endpoints (admission and discharge) for each service type in the treatment episode. This provides a flexible analytic framework. The purpose of collecting both admission and discharge records is to enable linkage of the individual client records. These linked records enable construction of outcome measures and produce a more complete picture of treatment episodes than was possible when TEDS collected admission data alone. Admission records for the first service in the episode are called initial admissions, and subsequent admission records are called transfers. A complete treatment episode is illustrated below:

- The client is admitted to detoxification, generating an admission record.
- The client completes detoxification and is transferred to residential treatment, generating a discharge record from detoxification and a transfer admission record to residential treatment.
- The client completes residential treatment and is transferred to outpatient treatment, generating a discharge record from residential treatment and a transfer admission record to outpatient treatment.
- The client completes outpatient treatment and is discharged, terminating the episode.



The TEDS structure, based on client-level data reported at the endpoints of treatment in specific service types, allows flexibility in analysis.

- Each client record should have an identifier that is unique (statewide) to that client. Enumeration of client records reflects the quantity of services delivered, while enumeration of client ID numbers reflects the number of individuals receiving services.
- Service types vary widely in cost and client length-of-stay. It is critical for analyses of resource use to have information on each of the service types that make up an episode of treatment.
- Treatment episodes can be constructed by linkage of client IDs, enabling analysis of episodic trends and patterns in service usage overall or to examine individual client treatment patterns.

Treatment Admissions

Definition

For TEDS, an admission is defined as the formal acceptance of a client into substance abuse treatment. An admission has occurred if, and only if, the client begins treatment. Events such as initial screening, referral, and wait-listing are considered to take place before the admission to treatment and should not be reported to TEDS as admissions.

Initial Admissions and Transfers

The TEDS Admission System includes information on two events:

- Initial admission to a service type
- Transfer from one service type to another, within a continuous episode of treatment

The concept of a treatment episode in TEDS requires one, and only one, admission per episode (see Treatment Episodes). A change in service or provider that occurs within a single treatment episode should be reported as a transfer to TEDS, if that is feasible with the state data system.

Some states use date- and time-based algorithms to identify continuous episodes of treatment, even when all records are reported to the state as initial admissions. States that do so are requested to report these data to TEDS as initial admissions and transfer admissions if possible.

The TEDS record specifications for initial admissions and transfers are identical except that, in the ***Client Transaction Type*** field, admission records should be coded *A Admission* and transfer records coded *T Transfer*.

Admissions and transfer records may be included in the same admission data submissions, and will receive the same edit and validation processes.

Treatment Discharges

Definition

For TEDS, a discharge is defined as the termination of services in a service type, whether or not the client's treatment episode will continue with treatment in another service type.

Services may be terminated because of treatment program completion, transfer to another service type, client drop-out, facility termination, or client inability to continue treatment because of death, incarceration, or other life circumstances.

Eligibility

Each admission and transfer record submitted to TEDS should have an associated discharge record. Therefore, a discharge record should be submitted for each client who has been discharged, transferred to another service type, or discontinued treatment.

Date of Last Contact and *Date of Discharge*

Date of Last Contact is the most recent date on which the client attended treatment, received a service, or had some other face-to-face encounter with treatment staff that resulted in generation of a client record.

Date of Discharge is the date on which the client was officially discharged or disenrolled from the treatment system. It may be the same as the ***Date of Last Contact***, but it cannot be earlier. Because of the high treatment drop-out rate, ***Date of Discharge*** frequently represents an administrative discharge. Many state systems have a policy that a client who has not participated in treatment for a certain number of days is no longer receiving treatment, and a discharge/termination record will be generated. TEDS recommends the following operational definition of discharge:

A treatment episode should be assumed to have ended if the client has not received a treatment service in 3 days in the case of inpatient or residential treatment, or 30 days in the case of outpatient treatment.

States may choose to use other rules for determining when administrative discharges occur; these should be indicated in the TEDS Crosswalk Plan.

Note that a client returning for service after the elapsed time should be reported as an admission to a new treatment episode.

All discharge data items on the discharge record must reflect their values at discharge. Discharge items should not be retained or derived from the admission record. Any discharge item that cannot be updated or confirmed as unchanged since admission should be coded as "unknown."

General Guidelines

This section contains TEDS reporting guidelines applicable to both admission and discharge data.

Eligible Facilities

Data should be reported for all specialty substance abuse treatment facilities and programs operating with public funds. Data from private programs should also be submitted when these data are available to the state. The TEDS Crosswalk Plan should indicate the facility types included in TEDS reporting. These may include:

- Facilities that receive state/public funding
- Facilities that are licensed/certified by state substance abuse agencies (SSAs)/Mental Health Department/Department of Public Health/Health Department
- Medicare-certified facilities
- Medicaid-certified facilities
- Certified Opioid Treatment Programs
- Community-based correctional programs
- Hospitals/VA hospitals/state hospitals
- State-licensed/certified solo practitioners
- State/correctional DUI/DWI providers
- State divisional service centers
- Private facilities

Eligible Clients

TEDS accepts admission data with an admission date of January 1, 2000, or later.

Data should be reported for all clients in the reporting facilities, regardless of individual client funding source—federal block grants, Medicaid, private insurance, self-pay, or free care. The TEDS Crosswalk

Plan should indicate substance abuse treatment clients included and excluded in TEDS reporting, for example:

- All clients in facility
- State/public-funded clients only
- All clients in facility except DUI
- SSA-funded clients with substance abuse or co-occurring substance abuse and mental health disorders
- State/public-funded clients only are required; data on all clients are requested and received from some facilities

Data Submission Schedule

Client data should be submitted to TEDS as they are received from providers and become available from the state data system, ideally within 2 months of the client admission date. Data submissions should be made on a regular monthly or quarterly schedule that should be noted in the TEDS Crosswalk Plan. A state may determine the submission schedule that best suits its resources and needs. The state representative is responsible for coordinating submissions with the TEDS Project Office. If a scheduled submission cannot be made on time, the state should notify the TEDS Project Office and provide a revised delivery date.

Every year, SAMHSA "freezes" the TEDS database on or about September 30. These frozen data will be used for annual reports, public use files, and BHSIS Short Reports prepared throughout the subsequent year. For example, the file to be frozen as of September 30, 2014, will be used to produce annual admissions reports for CY 2013 and a discharge report for CY 2012. Data not received by the cut-off date will be accepted into the database, and will appear in trend tables in subsequent annual reports and public use files.

Crosswalk Plan

Purpose

TEDS is a compilation of demographic, substance abuse, and socioeconomic characteristics collected in state administrative data systems. For submission to TEDS, states extract data from their systems using a predetermined format and, if necessary, converting state data elements to TEDS data definitions. The use of consistent reporting formats and data definitions is essential to the production of valid national data.

A crosswalk plan contains specific instructions for mapping or translating the data fields and categories in the state system to the appropriate TEDS data fields and categories. The plan provides the basic information necessary to develop a computer program to extract and convert the state data to the TEDS specifications. The TEDS Project Office manages crosswalk plans through the Crosswalk Management System (CMS).

Every effort is made to establish a consistent conversion of state data to the TEDS database, thereby maximizing comparability across states. SAMHSA recognizes, however, that some state field definitions and/or categories may not exactly match those in TEDS. Differences, when they exist, should be documented in the crosswalk plan. This information will aid SAMHSA and other researchers in the interpretation of individual state TEDS data.

Preparation

The TEDS Project Office provides the state with an Excel worksheet prefilled with the TEDS fields, categories, and codes. The state completes the worksheet by assigning the state data fields and category codes to the appropriate TEDS data fields and category codes. States are encouraged to discuss crosswalk plan questions or difficult mapping issues with the analyst assigned to the state by the TEDS Project Office.

States should map, for every field, each of the states' categories to a TEDS category. If a category is not eligible for TEDS but is in an analogous field, the category should be included on the crosswalk plan but its exclusion from TEDS noted.

> *For example, the state field analogous to the TEDS **Type of Service** field includes assessment-only services. These should be included on the crosswalk plan but with a notation that they are ineligible for TEDS. With this information, the state programmer can ensure that assessment-only records are excluded from TEDS submissions.*

The TEDS Project Office reviews the preliminary crosswalk plan to ensure compatibility with TEDS data requirements. Discrepancies are discussed and resolved with the state. The final crosswalk plan is sent to SAMHSA/CBHSQ for approval. It is entered into the CMS maintained by the TEDS Project Office and a copy of the state crosswalk plan is sent to the state for confirmation.

The state uses the final approved crosswalk plan to develop a computer program to extract and convert state data to the TEDS format specifications. The state should establish procedures to ensure that the approved crosswalk plan is implemented correctly in the state's data extraction/conversion program.

A copy of the crosswalk plan on file with the TEDS Project Office will be sent as part of the annual review process on the anniversary of the state's last change. As part of the annual BHSIS State Agreement, the state will be asked to verify that the crosswalk plan is accurate and up to date.

Both the Excel Crosswalk worksheet and access to the CMS are available on the **BHSIS Resource Center**. The TEDS Project Office will provide the URL, a user ID, and password on request.

Additional Documentation on the Crosswalk Plan

The crosswalk plan should also document certain state systems or reporting capabilities. This information will aid SAMHSA and other researchers in the interpretation of individual state TEDS data. These include:

- The ***Client Identifier*** reported to TEDS should be unique within the state behavioral health treatment agency or, at a minimum, unique within separate substance abuse and mental health treatment agencies. The ID should be assigned once to a single individual and used for all subsequent transactions involving that individual. It should not contain HIPAA-protected health information (PHI) such as Social Security number, birth date, etc. If a state cannot meet these requirements, please discuss the issue with the TEDS Project Office and note the state's capability in the crosswalk plan.

- ***Client Transaction Type*** differentiates *Initial admissions* and *Transfers/changes of service*. This distinction is critical in the analysis of complete treatment episodes (see Treatment Episodes). The state's capability to differentiate these, and to report them to TEDS, statewide or within or between providers, should be described in the crosswalk plan.

- Fields that are not collected in the current state system. If fields that are not currently collected in the state system will be collected in the future, indicate on the crosswalk plan an approximate date that the state plans to begin submission of the field.

- The field ***Diagnostic Code, Substance Abuse*** accommodates both *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and *International Classification of Diseases* (ICD) code sets. If the state reports this field, please indicate the code set used in the crosswalk plan. **States are encouraged to begin using the new fields *Diagnostic Code Set* and *Diagnostic Code (ICD-10 form)*. See Appendix D. Data Dictionary.**

Changes to the Crosswalk Plan

Periodically, a state may upgrade its data system, adding to or changing the data items or categories it collects. Whenever a state adds, deletes, or changes any TEDS data element, whether it is an admission item or a discharge item, the TEDS Project Office must be notified. The TEDS Project Office will assist the state in revising the crosswalk plan to reflect these changes.

When updating an existing crosswalk plan, the state should provide information only for new or changed data fields. Fields that remain unchanged may be designated as “current.” If the state data system is changed substantially, it may be necessary to establish a completely new crosswalk.

After approval of a revised crosswalk plan, the state must update its data extraction/conversion program to ensure that the state data fields and categories continue to be accurately mapped to the TEDS data fields and categories.

State TEDS Submission System (STSS)

Overview

The State TEDS Submission System (STSS) provides states with the ability to prevalidate their TEDS data submissions. The STSS uses the complete TEDS edit procedures. At the end of the test, the state receives a processing report summarizing the results and providing detailed error listings. States may correct errors and retest the file until the quality of the data submission is satisfactory. The state then commits the file through the STSS for final processing.

The TEDS Project Office reviews the processing reports, and may contact the states to discuss additional corrections. When all corrections have been made, the Project Office submits the data for final processing and addition to the database. Final processing reports are emailed to the states for their records. The TEDS Project Office will provide a complete copy of the data for any state upon request.

Processing Steps

1. Access and log on to the STSS.
2. Upload a data submission to the STSS.
3. Validate the data.
4. Review the processing and error reports.
5. Make data corrections and revalidate as needed.
6. Commit the data to TEDS.

Access the STSS

- The STSS secure URL, user ID, and password must be obtained from the TEDS Project Office.
- Submission files to be processed through the STSS must be accessible through the user's PC, either on a PC drive or on an accessible network drive.
- Use the STSS navigation links. Do not use the browser "Back" button.

Log-in page

Button	Action
Change password	Users can change the assigned password. Password must be 8-12 characters long. It must contain at least one number, both upper- and lower-case letters, and at least one special character (! @ # $ % ^ & *).
Submission Log	Opens the SUBMISSION LOG (HOME) PAGE.

SUBMISSION LOG (HOME) PAGE

The SUBMISSION LOG (HOME) PAGE (Figure 1) displays information about the files submitted to the STSS.

All files that have been uploaded to the STSS remain in the log until final commitment to TEDS or deletion by the user. The columns in the log can be sorted or filtered using the search criteria tools at the top of each column.

Column	Description
Submission Type	Admission or discharge records
Current Status	*Uploaded*: Submission has been uploaded for validation, but has not yet been validated. *State Testing*: State has run trial validation of this submission. *Logged*: File has been formally submitted to SAMHSA for TEDS processing, and added to the log of submissions. *In Progress*: Loads have been run on the submission but none has run to completion. *Testing*: Complete test loads have been run on the submission. *Production*: Complete production load has been run on the submission. *Archived*: Submission has been archived and is only visible if specifically queried. Submission file may be compressed, or even removed.
Date Received	Date submission was uploaded
Earliest Date	Earliest admission/discharge date in submission file
Latest Date	Latest admission/discharge date in submission file
Number of Records	Number of records in the submission
Received by	ID of person uploading submission
Reporting Date	Reporting date in submission records

FIGURE 1. SUBMISSION LOG (HOME) PAGE

A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration

State TEDS Submission System

State Code: HI
Federal Agency:
Name: Iota Teds_User_H

LOGOUT CHANGE PASSWORD

Browse | Validate | Validate Status | Delete | Submit | Refresh Data | New Submission

Submission Type	Current Status	Date Received	Earliest Date	Latest Date	Number of Records	Received by	Reporting Date
All	Any Status						
Admissions	UPLOADED	04/17/2014 15:38				TEDS_USER_HI	122011
Admissions	LOGGED	04/17/2014 14:17	7/1/2008	11/30/2011	3503	TEDS_USER_HI	122011
Admissions	LOGGED	04/17/2014 14:16	7/1/2008	11/30/2011	3503	TEDS_USER_HI	122011
Admissions	LOGGED	04/17/2014 13:35	7/1/2008	11/30/2011	3503	TEDS_USER_HI	122011
Admissions	LOGGED	04/11/2014 18:53	7/1/2008	11/30/2011	3503	TEDS_USER_HI	122011
	LOGGED	04/03/2014 16:05	8/3/2008	11/30/2011	1367	TEDS_USER_FED	122011
	LOGGED	04/03/2014 15:48	7/1/2008	11/30/2011	3503	TEDS_USER_FED	122011
Admissions	TESTING	04/04/2014 12:13	7/1/2008	11/30/2011	3503	TEDS_USER_HI	122011
Discharges	TESTING	04/03/2014 15:33	8/3/2008	11/30/2011	1367	TEDS_USER_HI	122011
Admissions	TESTING	04/03/2014 14:44	7/1/2008	11/30/2011	3503	TEDS_USER_HI	122011
Admissions	TESTING	04/03/2014 13:57	7/1/2008	11/30/2011	3503	TEDS_USER_FED	122011
Discharges	PRODUCTION	03/28/2014 16:09	9/15/2008	12/2/2014	1367	ZHANGJ	032014
Admissions	PRODUCTION	03/28/2014 15:51	7/3/2008	3/4/2014	1679	ZHANGJ	032014
Discharges	PRODUCTION	02/27/2014 13:17	7/20/2008	1/31/2014	1455	ZHANGJ	022014
Admissions	PRODUCTION	02/27/2014 12:37	7/15/2008	1/31/2014	1769	ZHANGJ	022014
Discharges	PRODUCTION	01/30/2014 16:05	9/15/2008	12/2/2014	1104	ZHANGJ	012014
Admissions	PRODUCTION	01/30/2014 15:49	7/31/2008	12/26/2013	1317	ZHANGJ	012014
Discharges	PRODUCTION	12/19/2013 19:16	7/28/2008	11/29/2013	811	ZHANGJ	122013
Admissions	PRODUCTION	12/19/2013 15:30	7/3/2008	11/27/2013	1086	ZHANGJ	122013
Discharges	PRODUCTION	11/27/2013 12:24	8/27/2008	11/1/2013	1347	ZHANGJ	112013
Admissions	PRODUCTION	11/27/2013 12:14	7/2/2008	10/29/2013	1610	ZHANGJ	112013
Discharges	PRODUCTION	10/30/2013 15:00	9/15/2008	9/30/2013	1046	ZHANGJ	102013
Admissions	PRODUCTION	10/28/2013 20:41	7/18/2008	9/25/2013	1264	ZHANGJ	102013
Discharges	PRODUCTION	09/27/2013 16:38	10/6/2008	8/31/2013	1289	ZHANGJ	092013
Admissions	PRODUCTION	09/27/2013 15:23	7/1/2008	8/29/2013	1454	ZHANGJ	092013

UPLOADED	Submission has been uploaded for validation, but has not yet been validated.
STATE TESTING	State has run trial validations of this submission
LOGGED	File has been formally submitted to SAMHSA for TEDS processing, and added to the log of submissions.

To perform an action on a file, select (highlight) the file and use one of the buttons above the log:

Button	Action
Browse	Displays data for individual records, as well as basic information about the file.
Validate	Validates the file data by performing TEDS edit checks.
Validate Status	Opens the VALIDATION STATUS screen. This option is available only for files that have been validated but not finally committed to TEDS.
Delete	Deletes the file from the submission log. Use this option for a file that fails a large number of edit checks and must be corrected before resubmission.
Submit	Submits the file for final processing by the TEDS Project Office. The intent to submit is verified, and the status in the submission log changes from *State Testing* to *Logged*. The state is notified by email that the submission was successful.
Refresh Data	Reloads and updates data in the submission log.
New Submission	Uploads a new file to the submission log.

Upload a Data Submission

1. Log on to the STSS and click "New Submission" to upload a submission file. The user will be asked to enter:

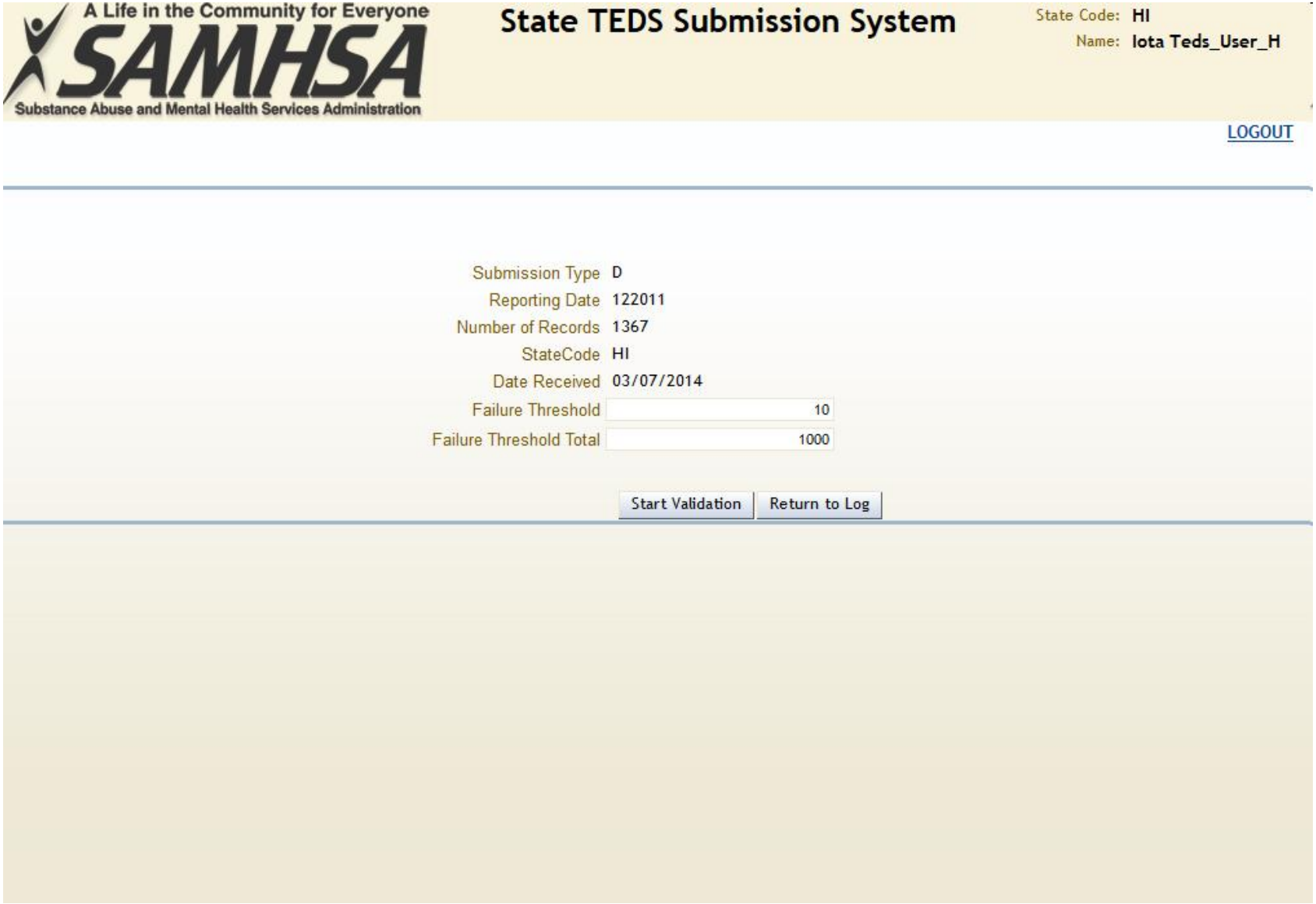
    - The type of submission (admission or discharge records)
    - Reporting date (MMYYYY). This date must match the reporting date in the upload file, and all records in the file must have the same reporting date.
    - The file name (with complete path). Use "Browse" to locate and select the file to be uploaded.

2. "Commit". The file will be uploaded and will appear at the top of the Submission Log. The upload process may take a few minutes, depending on connection speed and file size.

    - If the upload is successful, an information bar will display the message "File submission process completed."
    - If the reporting date or state code does not match the file, the upload attempt will fail and the user will receive an error message. To continue, click "Cancel" to return to the SUBMISSION LOG (HOME) PAGE and begin the process again.
    - If the type of submission is incorrect (e.g., an admission file is uploaded as a discharge file), the file will upload successfully and will appear normal in the Submission Log, but validation processing will result in errors in all records.

3. Click "Validate" to open the VALIDATION SPECIFICATIONS PAGE (Figure 2).

FIGURE 2. VALIDATION SPECIFICATIONS PAGE



Validate the Data

VALIDATION SPECIFICATIONS PAGE

The VALIDATION SPECIFICATIONS PAGE (Figure 2) contains a summary of the data file to be processed (the submission type, reporting date, state, number of records, and date received). The user may set a threshold that will stop processing if a certain percentage or number of records is rejected as having fatal errors. This feature is especially useful for large date sets that may have systematic errors.

The threshold can be set as either a percentage ("Failure Threshold") or an absolute number of records ("Failure Threshold Total"). If both threshold values are blank, all records will be processed.

If different threshold levels are set in the percentage and number fields, the higher threshold will apply.

Button	Action
Start Validation	Opens VALIDATION STATUS PAGE to initiate file validation.
Return to Log	Returns to the SUBMISSION LOG (HOME) PAGE.

VALIDATION STATUS PAGE

The VALIDATION STATUS PAGE (Figure 3) provides detailed information about the load status, failure thresholds, and data of validated data files. During validation processing, it is updated every 5 seconds (or at a user-set interval) until processing is complete.

The page displays:

- The type of load
- The failure threshold and failure threshold total that were set
- The load status (see below)
- Total records processed
- Numbers of *Add*, *Change*, and *Delete* records processed
- Numbers of *Add*, *Change*, and *Delete* records accepted
- User name

FIGURE 3. VALIDATION STATUS PAGE

A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration

State TEDS Submission System

State Code: HI
Name: Iota Teds_User_H

LOGOUT

Submission Type D
StateCode HI
Reporting Date 122011
Number of Records 1367
Date Received 03/07/2014

How often to update this table: 5 Seconds

Run Report: Summary | Errors

Type of Load	Failure Threshold	Failure Threshold Total	Load Status	Total Processed	Adds Processed	Changes Processed
T	10	1000	COMPLETED - FATAL ERRORS	1367	742	599
T	50	1000	COMPLETED - FATAL ERRORS	1367	742	599
T	100	1000	COMPLETED - FATAL ERRORS	1367	742	599
T	100	1000	COMPLETED - FATAL ERRORS	1367	742	599
T	100	1000	COMPLETED - FATAL ERRORS	1367	742	599

Start a New Load | Return To Log

About Load Statuses:

IN PROGRESS	Load is currently running.
NOT COMPLETED	Load did not finish, usually because the failure threshold was reached.
COMPLETED	Load completed with no errors.
COMPLETED - WARNINGS	Load completed with warning level errors
COMPLETED - FATAL ERRORS	Load completed with fatal errors.
FAILED	Load did not finish because of unexpected errors. Error messages are in the comment field. Contact the application administrator for assistance.

When processing is completed, the final load status of the validated file is displayed. The load status may indicate the presence of errors.

- A fatal error causes a record to be rejected. The record will not be added to the database. Generally, fatal errors are the result of missing or invalid data in a key field.
- Warning errors are non-fatal errors, the result of invalid data in a field. The record will be added to the database, but the field will be filled with 9s, indicating *Invalid data*.
- Information errors are generated when a record's ***State Provider ID*** is not found in the I-BHS. The record will be added to the database unchanged, but it will have missing values in the fields appended from linkage to I-BHS, i.e., the IBHS ID, County, MSA, and federal agency. States are encouraged to ensure that all State Provider IDs are entered in I-BHS (see FAQs).

Load Status	Description of Error and Actions to Take
In Progress	Load is currently running.
Not Completed	This message generally means that the fatal error threshold value has been exceeded. The user may either rerun the validation with a higher threshold setting or leave the STSS and make corrections to the file. To rerun the validation with a modified threshold, click "Start a New Load" to return to the VALIDATION STATUS PAGE. Modify the threshold level and click "Start Validation" to rerun the validation.
Completed	The file was found to be error-free and is ready for submission to the TEDS Project Office for final processing.
Completed - Warnings	This indicates that some records contain invalid data in one or more fields. These records can be accepted into the database, but the field will be filled with 9s, indicating *Invalid data*.
Completed - Fatal Errors	This indicates the error threshold has not been exceeded and the file can be accepted into the TEDS database. However, records with fatal errors will be rejected.
Failed	The load did not complete because an unexpected error was encountered in the validation process. This often indicates a fundamental file problem, such as the wrong file format or incorrect record length. Error messages identifying the problem appear in the comment field. For assistance in resolving the problem, contact the TEDS Project Office for assistance.

The VALIDATION STATUS PAGE includes the following functions:

Button	Action
Drop-down Box	Specify a time interval for updating the LOAD STATUS PAGE (default is every 5 seconds).
Summary	Opens the *Submission Processing Results Summary.*
Errors	Opens the *Errors in TEDS Submission* report.
Start a New Load	Returns user to the SUBMISSION LOG (HOME) PAGE.
Return to Log	Returns user to the SUBMISSION LOG (HOME) PAGE.

Review Reports and Edit and Submit Data

The processing reports are generated from the LOAD STATUS PAGE.

Button	Action
Summary	Opens the *Submission Processing Results Summary*. This report displays, by ***System Transaction Type***, (1) the number of records submitted, accepted, and rejected; (2) the number of records rejected, by reason for rejection, and (3) summary statistics on invalid data.
Errors	Opens the *Errors in TEDS Submission* report. This report details, for each record with errors, the record number, field name and erroneous value, key fields, and a brief description of the error.

Reports can be viewed immediately after completion of the validation process or at a later time. To open the reports from the SUBMISSION LOG (HOME) PAGE, click "Validate Status" to open the LOAD STATUS PAGE. Click "Summary" and/or "Errors" to view the reports.

A review of the processing reports is essential in identifying both systematic and individual errors found in submitted records. Early detection of errors permits corrections to be made prior to committing the data file for final processing. States are responsible for reviewing these reports, resolving the errors, and resubmitting corrected records.

The *Submission Processing Results Summary* provides an overall evaluation of the quality of the submission. If a state's data extraction program is working correctly, the number of errors in any submission should be minimal. If a field has a large number of errors, it usually indicates a systematic error that, once corrected, will resolve the errors for all or many of the records.

The *Errors in TEDS Submission* aids in the identification of non-systematic errors. Individual records can be examined to identify the cause of the error and to indicate how to resolve it. Examination of this report will enable states to resolve most errors.

The TEDS Project Office will be pleased to assist states in the identification and resolution of both systematic and non-systematic errors.

Correct, Revalidate, and Submit Data

States are expected to resolve errors in data submissions and to submit corrections with the next regular submission. Corrections cannot be made within the STSS. States must correct records using their state systems and programs and then resubmit and revalidate the data.

Files with errors should be deleted from the STSS before the edited replacement files are uploaded. To delete files, click "Return to log" to return to the SUBMISSION LOG (HOME) PAGE. Click "Delete" to delete the file. After corrections have been made to the data file, upload the file to the STSS as a new submission and repeat the validation process.

This sequence (upload, validation, review, correction) can be repeated as many times as needed to produce a file that the user feels is acceptable for submission to TEDS.

To submit the file to TEDS for final processing, click "Return to log" to return to the SUBMISSION LOG (HOME) PAGE. Select (highlight) the file and click "Submit" to commit the file for final processing.

In final processing, the TEDS Project Office validates the final submitted files. The Office reviews the *Submission Processing Results Summary* and *Errors in TEDS Submission* reports, and will contact the state if the file submitted contains many errors. The final reports will be sent to the state by e-mail to confirm the reports previously generated by the state.

Changing/Correcting Existing Records in the TEDS Database

Corrections to records that have been added to the database can be made in either of two ways.

Method 1: Delete and Add Records

To correct an error in a key field, the original record must be deleted and a record containing the correct key fields added.

- Submit a record in which the key fields match the original record, but with a ***System Transaction Type*** code of *D Delete*. Non-key fields may be blank or contain values. Include in the data submission a record with ***System Transaction Type*** code *A Add*, the correct key fields, and complete data for non-key fields.
- The *Delete* record will be processed first, removing the record from the database. Then the *Add* record will be processed, effectively changing the database to include a record with the correct key fields.

- This method may be used to correct data items other than key fields. It is particularly useful when numerous data items within a record are in error.

Method 2: Change (Replace) Records

Records with errors in non-key fields may also be corrected by changing the existing record.

- Submit a complete record in which the key fields match the original record, but with the ***System Transaction Type*** code *C Change*. The *Change* record will replace the existing record in the TEDS database; it must contain correct values for all fields in the record.

Special Case: Changes to the Admissions Fields on the Discharge Record

The discharge record contains data fields that are appended from a match to an admission record. If data in those fields are changed in the admission record, the appended admissions data on the corresponding discharge record must also be changed. This is especially important for key fields to ensure that admission and discharge records will link.

Browse and Query Files

The "Browse" button on the SUBMISSION LOG (HOME) PAGE enables the user to view individual records in a data file and to perform data queries on a file.

Select (highlight) a file and click "Browse." The BROWSE PAGE (Figure 4) displays data for the first record in the file, as well as basic information about the file. Standard navigation buttons permit viewing of the next, previous, first, and last records in the file.

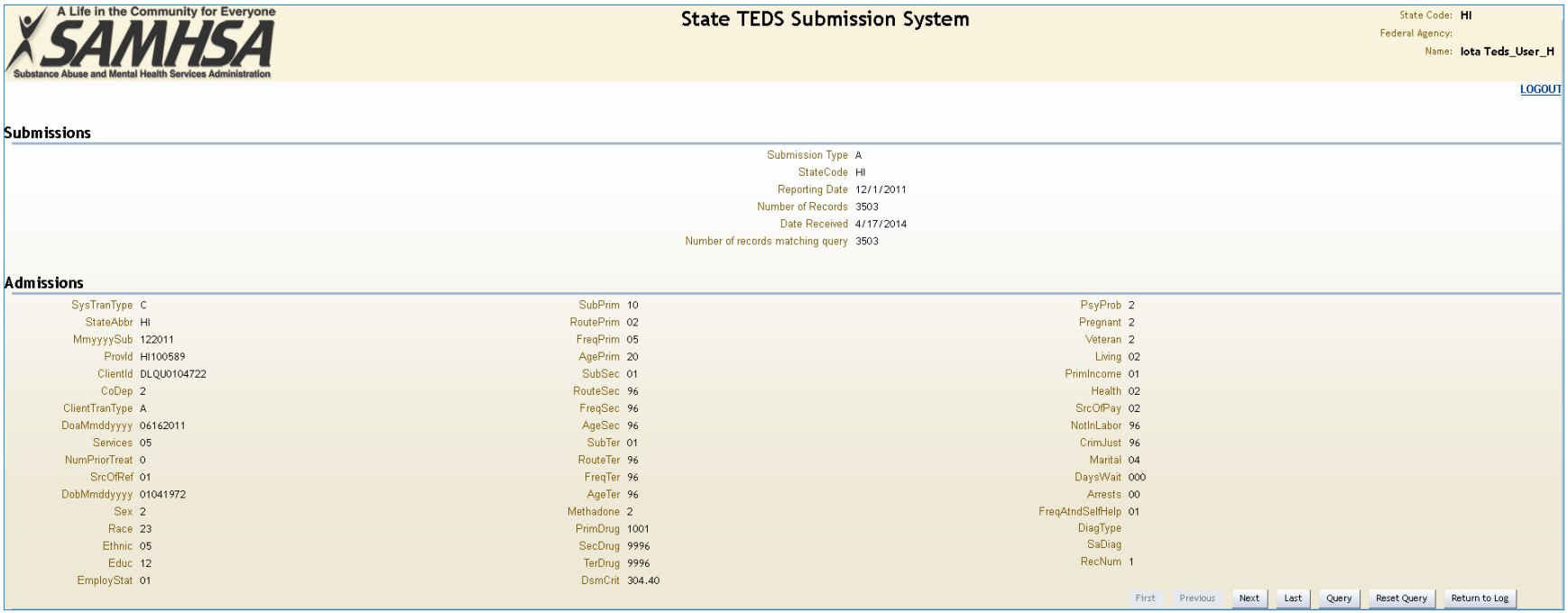
The "Query" button at lower right enables viewing of a specific record or subset of records. Click "Query" to open the QUERY SPECIFICATION PAGE. This page has the same format as the BROWSE PAGE, but all the data cells are empty. Enter value(s) for the desired variable(s).

For example, to view records for male clients from a specific provider, enter the **State Provider ID** and 1 Male in the appropriate fields.

Click "Execute Query" to display the first record that meets the criteria and the total number of records meeting the criteria. Use the standard navigation buttons to view these records.

The "Browse" and "Query" tools can be helpful in examining records with errors and identifying the source of the error.

FIGURE 4. BROWSE PAGE



A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration

State TEDS Submission System

State Code: HI
Federal Agency:
Name: Iota Teds_User_H

LOGOUT

Submissions

Submission Type	A
StateCode	HI
Reporting Date	12/1/2011
Number of Records	3503
Date Received	4/17/2014
Number of records matching query	3503

Admissions

SysTranType	C	SubPrim	10	PsyProb	2
StateAbbr	HI	RoutePrim	02	Pregnant	2
MmyyyySub	122011	FreqPrim	05	Veteran	2
ProvId	HI100589	AgePrim	20	Living	02
ClientId	DLQU0104722	SubSec	01	PrimIncome	01
CoDep	2	RouteSec	96	Health	02
ClientTranType	A	FreqSec	96	SrcOfPay	02
DoaMmddyyyy	06162011	AgeSec	96	NotInLabor	96
Services	05	SubTer	01	CrimJust	96
NumPriorTreat	0	RouteTer	96	Marital	04
SrcOfRef	01	FreqTer	96	DaysWait	000
DobMmddyyyy	01041972	AgeTer	96	Arrests	00
Sex	2	Methadone	2	FreqAtndSelfHelp	01
Race	23	PrimDrug	1001	DiagType	
Ethnic	05	SecDrug	9996	SaDiag	
Educ	12	TerDrug	9996	RecNum	1
EmployStat	01	DsmCrit	304.40		

First Previous Next Last Query Reset Query Return to Log

Common Errors in TEDS Records

To help prevent potential errors and to assist in interpreting error reports, states are alerted to the following commonly occurring errors.

Fatal Errors – Duplicate Record Rejection

This may indicate that a record has already been submitted to TEDS. We recommend that states employ some method to ensure that the same records are not submitted more than once. This could mean adding a flag to the state system to indicate records that have been submitted to TEDS. Alternatively, if the state has a field indicating the date a record was added or updated in the state system, the TEDS extraction program could be designed to include only records added or changed since the date of the previous submission.

Frequently, however, this error is caused by an attempt to change an existing record that fails because of use of the wrong ***System Transaction Type*** code.

- Records that are intended to change an existing record by replacement of the record have a ***System Transaction Type*** code of *A Add* instead of the correct code *C Change*. Instead of replacing the existing record, the new record will be rejected as a duplicate.
- To change an existing record by deleting it and submitting a replacement, two records must be submitted: one with the ***System Transaction Type*** code *A Add*, and one with the code *D Delete*. The *Delete* record is frequently omitted, so that the *Add* record is processed as a duplicate.

Please see the section Changing/Correcting Existing Records in the TEDS Database for detailed instructions on making changes to records.

Warning Errors

Warning errors frequently occur for a field that is interdependent with another field. Details of the correct usage and of edits performed are included in the individual field descriptions in Appendix D: Data Dictionary. The most frequent errors include:

"Detailed" Fields

The field ***Detailed Not in Labor Force*** is intended to provide additional information where ***Employment Status*** is *04 – Not in the labor force*. For all other ***Employment Status*** codes, ***Detailed Not in Labor*** Force should be coded as *96 – Not applicable*, unless the data are not collected by the state, when the appropriate code is *98 – Not collected*.

The field ***Detailed Criminal Justice Referral*** is intended to provide additional information where ***Referral Source*** is *07 – Court or criminal justice referral*. For all other ***Referral Source*** codes, ***Detailed Criminal Justice Referral*** should be coded as *96 – Not applicable*, unless the data are not collected by the state, when the appropriate code is *98 – Not collected*.

The ***Detailed Drug Code*** fields are intended to provide more specific information on the drugs reported in the ***Substance Abuse Problem*** fields. The ***Detailed Drug Code*** fields should not be used to report additional drugs. A warning error will be generated if the drugs reported in the ***Detailed Drug Code*** fields are not subcategories of drugs reported in the ***Substance Abuse Problem*** fields. The following is an example of the correct use of the ***Detailed Drug Code*** fields:

A client abuses both alprazolam and clorazepate. These are reported in the **Substance Abuse Problem** (primary) and **Substance Abuse Problem** (secondary) fields with the same code 13 – Benzodiazepines. **Detailed Drug** (primary) would be coded 1301 – Alprazolam and **Detailed Drug** (secondary) would be coded as 1303 – Clorazepate.

Information Error: State Provider ID not on I-BHS

Every TEDS record must contain a ***State Provider ID***. TEDS processing matches the ***State Provider ID*** to the same field in I-BHS and appends the IBHS ID, county, MSA, and federal agency to the TEDS record. If a match for the TEDS ***State Provider ID*** is not found, an information error is generated. The record will be added to the TEDS database unchanged, but will have missing values in the fields appended from linkage to I-BHS.

The appended fields greatly enhance the analytic utility of TEDS. We strongly encourage states to ensure that all facilities reporting TEDS data use a ***State Provider ID*** listed on the I-BHS. State I-BHS BHSIS representatives and the I-BHS Project Office are responsible for ensuring that all of the facilities in a state's behavioral health system are included in I-BHS, and that facility information is correct and up-to-date. The I-BHS Online system permits state representatives to view, change, add, and delete facilities. Authorization to use the system can be obtained through the I-BHS Project Office.

Two situations (apart from lagging state maintenance) may be responsible for the failure to find TEDS ***State Provider IDs*** in I-BHS.

First, the I-BHS definition of a facility is the location where services are delivered. This enables us to populate SAMHSA's Behavioral Health Treatment Services Locator. However, it may not reflect the administrative structure of TEDS data reporting. TEDS data may be aggregated at a higher level than the service delivery location. The I-BHS Project Office can work with the state to include the facility as a TEDS reporter but exempt it from the other uses of I-BHS.

If the state representative does not provide a State Provider ID, I-BHS will default to fill the State Provider ID field with the I-BHS ID. It has happened that the TEDS system uses a state-assigned ID, but the I-BHS uses the default I-BHS ID. These records should match, but do not because of the discrepancy in the values of the State Provider ID field. The I-BHS Project Office staff can work with the state to ensure that these differences are resolved.

Undetectable Errors

The contents of the admission/transfer or discharge record should accurately reflect the client's status at the time of the admission/transfer or discharge. Changes to the record should be made only to correct errors in the client status. If, for example, a female client's ***Gender*** is incorrectly reported as *Male*, the record should be changed when the error is discovered.

If the admission/transfer record information becomes outdated during the course of treatment (for example, a client's ***Employment Status*** is correctly coded as *Unemployed* at the time of admission but the client later becomes employed), the data in the admission/transfer record should not be changed. However, the discharge record should reflect the client's new status (if applicable at the date of last contact and or discharge).

Improper changes to the admissions data usually cannot be detected by the TEDS Project Office, so states carry the full responsibility for avoiding this type of error.

Errors in Matching Admission and Discharge Records

Files submitted through the STSS will usually be added to the TEDS database within two days. Because admissions records are generally submitted prior to submission of the related discharge records, linking of discharges and admissions is done during TEDS processing of discharge data.

Files submitted through the STSS are matched to the main TEDS database but not to the files submitted but not yet processed by the TEDS Project Office. Therefore, a discharge submission may generate "No matching admission" errors because the matching admission is in a file that has not yet been added to the database. These non-matching errors can be ignored pending final processing by the TEDS Project Office. The TEDS analyst will advise you if there are problems with the match rate, and the final processing report displaying the actual matching rate will be sent to the state.

Submission of admission files at least one full day before submission of discharge files can alleviate this problem. Please contact the TEDS Project Office if you have concerns.

TEDS Validation Process

System Transaction Type and Key Fields

The ***System Transaction Type*** and the "key fields" are central to the processing of TEDS records. ***System Transaction Type*** identifies whether the record is added to the database, changes (by replacement) an existing record in the database, or deletes an existing record from the database. These edits are made through a comparison of key fields, which combine to form a unique identifier for the record.

Key Fields

Both the admission and the discharge data sets include key fields that combine to form a unique identifier (retrieval key) for the record. These fields are:

- ***Client Identifier***
- ***Client Transaction Type***
- ***Date of Admission***
- ***State Provider Identifier***
- ***Type of Service***

- ***Codependent/Collateral***

Key fields are required data for each record. If any of these values is missing or invalid, the record will be rejected and a fatal error generated.

Codependent/Collateral is a required field and it should be filled with a 1 for Yes or 2 for No. If this field contains an invalid value, the record will not be processed.

Processing of the ***System Transaction Type*** and "key fields" determines which records can be accepted into the database.

Processing Key Fields and *System Transaction Type*

Several levels of processing are performed with the key fields and ***System Transaction Type***.

1. Each record must have valid codes for all key fields and for ***System Transaction Type***
2. Key fields in a new submission are compared to those of other records in the submission, then to records in the admission or discharge database. Each ***System Transaction Type*** code is processed separately, in the order below:
    i. Records with a ***System Transaction Type*** code *D Delete* will delete a record with matching key fields.
    ii. Records with a ***System Transaction Type*** code *C Change* will change a record with matching key fields by replacing the record.
    iii. Records with a ***System Transaction Type*** code *A Add* will be added to the database unless the key fields match a record already in the TEDS database. If the *Add* record matches the key fields of an existing record, the *Add* record will be rejected as a duplicate.

Key fields in a discharge submission are compared to those of records in the admission database. Any discharge that matches an admission record on all key fields is flagged in both databases and reported as a match. If no match is found for a discharge record, the record will be accepted into the database, but a warning error is generated. States are encouraged to identify systematic errors responsible for failed matches and to correct and resubmit the data.

Field Validation

Each field in records that can be accepted into the database is checked to ensure that it contains valid codes (detailed in Appendix D: Data Dictionary). If an invalid code is found, the field will be filled with a code indicating *Invalid data*, and a warning error is generated. Records with warning errors can be accepted into the database.

Some fields are interdependent, such as ***Employment Status*** and ***Detailed Not-in-Labor Force***. Edit checks are performed to ensure that values in interdependent fields are consistent with each other. These edits are fairly numerous, and are detailed in the individual field descriptions in Appendix D: Data Dictionary. See also the section on *Warning Errors* in Common Errors in TEDS Records.

Non-STSS File Submission and Processing

Data Transmission Protocols

If the STSS is not used for data submission, the data must be transmitted electronically by FTP, sent as a secure email attachment, or submitted on a read-only CD. Passwords for password-protected files should be transmitted to the TEDS Project Office separately from the data transmission. Each data file must be accompanied by the following information:

- Two-character state abbreviation
- Reporting date (month and year)
- Whether the submission is a first submission or a resubmission
- Number of records in the submission
- State point of contact (name, phone number, and email address)
- An indication of whether or not the CD should be returned (if applicable)

Electronic Transmission via FTP

States wishing to submit data electronically using a secure FTP should contact the TEDS Project Office to identify a mutually acceptable method for transmission.

- File format: ASCII flat file
- BPS: 28800, 14400, 9600
- Parity: None
- Data bits: 8
- Stop bits: 1
- Communication protocol: ZMODEM, YMODEM, KERMIT

Transmission as an Email Attachment

Submission of data via email attachment is also permissible. States wanting to transmit files via the Internet must contact the TEDS Project Office to make appropriate arrangements for transmitting the data in a secure manner.

- File format: ASCII flat file

File must be password protected and may be encrypted and/or compressed. Contact the TEDS Project Office for information on acceptable encryption software.

Transmission on CD

Appropriate mailing containers should be used to avoid damage and delay in the receipt of the submission.

- CD type: CD-R (read-only; CD-RW not recommended)
- File format: ASCII flat file

States submitting data on CD should send data to:

TEDS Project Office
Synectics for Management Decisions
1901 North Moore Street
Suite 900
Arlington, VA 22209
Phone: 703.807.2337 (Mayra Walker)

File Processing

For data files not submitted though the STSS (non-STSS data files), the TEDS Project Office performs the same processing as STSS submissions undergo. The processing reports are reviewed. If a non-STSS data file has few non-critical errors, the validation process is rerun in production mode, which adds acceptable records to the database. The *Submission Processing Results Summary* and, if applicable, *Errors in TEDS Submission* report are emailed to the states so that errors can be corrected in later data submissions. States are expected to review these reports for each submission, make corrections to erroneous data, and retransmit the revised files.

If the initial validation process indicates significant numbers of records with errors or records rejected, or a pattern of errors that indicates a systematic data problem, the TEDS Project Office will e-mail the reports to the state and notify the state by telephone or e-mail that the file will not be accepted for production. The TEDS Project Office will work with the state to make the necessary corrections so the data may be resubmitted.

Sometimes state submissions cannot be processed because the entire submission is unreadable. States will be notified by telephone of such major problems, and the TEDS Project Office will work with the state to resolve them. States should resubmit corrected files in a timely manner. For situations in which a resubmission is necessary, states may send the data as a separate “special” resubmission, or they may include the resubmission with their next regular submission.

The TEDS Project Office will repeat the sequence of upload, validation, review, and correction if necessary until the Project Office and the user feel the data are acceptable for addition to the TEDS databases. The final *Submission Processing Results Summary* and, if applicable, *Errors in TEDS Submission* will be emailed to the state for its records.

TEDS Data Security

The TEDS Project Office performs the final processing using the TEDS Data Management System (TDMS), a web-based Oracle system that provides management capabilities for the TEDS databases. This dual-level processing is a security measure that protects the TEDS database from direct access by anyone but the TEDS Project Office. The STSS is accessed through a secure web site.

Data submitted through STSS have a secure connection for transmission. When data are submitted by other means, the security of the data during transmission from the state to the TEDS Project Office is the responsibility of the state, although the TEDS Project Office will make every reasonable effort to accommodate state security needs. At a minimum, it is recommended that submitted data files be password protected. If the state elects to encrypt its files, the state must coordinate with the TEDS Project Office to ensure that the encryption methodology is available to the Project Office.

The TEDS Project Office manages the data files sent by the states as well as the TEDS database in a secure manner. Data files sent by the states are processed promptly. CDs are kept in a locked vault in a locked room with access only by authorized TEDS Project Office personnel. Once processing is complete, the files are destroyed or returned to the state, according to the state's instructions.

The TEDS databases are maintained on a secure server with ID and password access limited to SAMHSA and TEDS Project Office staff. The server and back-up files are located in a secure co-location site.

FAQs

Is it important to report the *Codependent/Collateral* field?

Yes. ***Codependent/Collateral*** identifies whether the record is for a treatment client, or for someone seeking services because of problems arising from his or her relationship with a substance user. Treatment of codependents may have been more important when TEDS was designed some 25 years ago than it is now because the TEDS record specifications include ***Codependent/Collateral*** as a **key field**. Key fields are used in identifying duplicate records and are therefore mandatory. If any key field is missing or contains invalid data, the record will be rejected and a fatal error generated.

What if a client has multiple admission records on the same day?

It depends on why the state generated multiple records.

In some data collection systems, a client will receive a separate record for every billable service (e.g., group therapy, individual therapy, urine screening, etc.). If all of these services were delivered within a single service type (e.g., outpatient, short-term residential, etc.), then any single one of these records can be extracted and submitted to TEDS. TEDS does not attempt to collect data on the services delivered; we are interested in data only on the general service setting.

In some states, however, a client may be admitted to more than one service type on the same day, in the same or different providers. The TEDS system requires that a treatment episode have only one initial admission. If this occurs, states should use the prioritized list below in determine the record to be designated as the initial admission. The other records may be submitted as transfers.

1. Detoxification, 24-Hour Service, Hospital Inpatient
2. Detoxification, 24-Hour Service, Free-standing residential
3. Ambulatory—Detoxification
4. Rehabilitation/Residential—Hospital
5. Rehabilitation/Residential—Long Term (more than 30 days)
6. Rehabilitation/Residential—Short Term (30 days or fewer)
7. Ambulatory—Intensive Outpatient
8. Ambulatory—Non-Intensive Outpatient

Block Grant Prepopulation with TEDS Data

The federal Behavioral Health Block Grant application prepopulates some tables with data derived from TEDS. These tables comprise SAMHSA's National Outcome Measures (NOMs) and include:

NOM	TEDS fields used to derive NOM
Employment/ Education Status	*Employment Status* and *Detailed Not-in-Labor-Force*
Stable Housing Situation	*Living Arrangements*
Criminal Justice Involvement	*Arrests in the Past 30 days*
Alcohol Abstinence	*Substance Abuse Problem* and *Frequency of Use*
Drug Abstinence	*Substance Abuse Problem* and *Frequency of Use*
Social Support	*Attendance at Self-Help Groups in the Past 30 days*
Retention	*Date of Admission* and *Date of Last Contact*

The Block Grant population is a subset of TEDS records. It excludes (with the exception of the retention table) clients receiving medication-assisted opioid therapy. It excludes clients whose treatment is terminated by death and/or incarceration. It excludes (with the exception of the retention table) short-term treatment settings where no change would be expected to occur between admission and discharge. Finally, eligible records must have valid values at both admission and discharge.

In addition, states have the option to exclude facilities that receive no Block Grant funds from these tabulations. About the end of February, the TEDS Project Office sends a listing of TEDS facilities and their current Block Grant application status, and requests a reply by mid-April as to which facilities, if any, the state would like to exclude from the Block Grant application tables.

This is an optional service provided to the states. It is not mandatory and does not affect TEDS reporting requirements. States should report data from ALL facilities whether or not the facilities receive Block Grant funds.

Many states have wanted to replicate the coding used to derive the NOMs variables and have found it difficult to do so. The TEDS Project Office has developed a document, BGAS Coding in English, to assist states in understanding SAMHSA's coding requirements. The TEDS Project Office can provide other assistance as well, including SAS code and detailed tables of the numbers of records at each stage that states can compare with their own calculations.

Schedule

The BHSIS contractor supplies three iterations of calendar year data to the Block Grant application contractor. The initial data are posted about May 15, then updated about December 15, and again about February 15 of the following year. Thus, the cut-off dates for TEDS CY 2013 data inclusion in the Block Grant application tables are April 30, 2014; November 30, 2014; and January 31, 2015. Data not received by the cut-off date will appear in the next iteration of the application tables.

Appendix A

Background

Section 505 (a) of the Public Health Service Act (42 US 290aa-4) directs the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA) to collect data on public and private behavioral health treatment programs and individuals seeking treatment through such programs. These data include:

a. the number and variety of public and private non-profit treatment programs, including the number and type of patient slots available;
b. the number of individuals seeking treatment through such programs, the number and demographic characteristics of individuals who receive such treatment, and the length of time between an individual's request for treatment and the commencement of such treatment;
c. the number of such individuals who return for treatment after the completion of a prior treatment in such programs, and the method of treatment used during the prior treatment;
d. the number of individuals receiving public assistance for such treatment programs;
e. the costs of the different types of treatment modalities for drug and alcohol abuse and the aggregate relative costs of each such treatment modality provided within a state in each fiscal year;
f. the number of individuals receiving treatment for alcohol and other drug abuse who have private insurance coverage for the costs of such treatment; and
g. the number of alcohol and other drug abuse counselors and other substance abuse treatment personnel employed in public and private treatment facilities.

This legislation arose from a need for information at the federal level to document accomplishments under federal block grant funding for substance abuse treatment and prevention. A previous reporting system, the Client-Oriented Data Acquisition Process (CODAP), had been discontinued in 1981 with the establishment of block grants. These grants were awarded to the states beginning in 1982 without any reporting requirements. Some states maintained their own systems independent of CODAP, while others discontinued their client-level data systems.

To address the requirements of the legislation and to provide substance abuse treatment data for the research community, the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) established a new CODAP-like client database, the Client Data System (CDS). CDS was intended to provide a minimum data set on treatment of persons with substance abuse problems in the United States, including client characteristics, types of drugs used, and services provided to clients. It included data primarily from publicly funded treatment facilities, although some private facilities were included.

The CDS was developed collaboratively by the federal government, states, and national organizations, including the National Association of State Alcohol and Drug Abuse Directors (NASADAD). Important considerations in the development of the CDS were the need to incorporate and build upon existing state reporting systems and the need to ensure that CDS would produce data useful for state administrative

purposes. The impetus for CDS was to achieve standardization and comparability of data among state systems in such a way that facilities would not be burdened with additional reporting requirements beyond those already imposed by the states. The resulting data set consisted of a core of 19 demographic and substance abuse treatment variables and 15 supplemental items, collected at the time of admission for treatment.

To assist states in modifying their client systems to accommodate the set of variables, NIDA and NIAAA awarded grants to state alcohol and drug abuse agencies. Nationwide implementation of the CDS, including the District of Columbia and Puerto Rico, began in October 1990. With the reorganization of the ADAMHA in 1992, CDS became the responsibility of SAMHSA.

In late 1994, SAMHSA renamed the Client Data System the Treatment Episode Data Set (TEDS), indicating that the scope of the system would be extended to collect information about episodes of treatment for substance abuse, rather than just admissions for treatment. To provide more comprehensive data on the treatment of substance abuse clients, SAMHSA developed the TEDS discharge data system, which was fully implemented in the majority of states by 2000, and provides basic discharge data that can be linked to the corresponding client admission.

In 2006, the TEDS data system was modified to include data elements for National Outcome Measures (NOMs). In the TEDS admission system, 9 of the original 25 data items were designated as NOMs, and an additional item was added. These variables were added to the discharge system. Another NOMs data element was added in 2010.

In 2014, the TEDS record was modified to accommodate the longer ICD-10 diagnosis. Preparations were initiated to allow states to submit client-level mental health data on a flow basis. Variables that had been approved for data collection in the mental health block grant, and had previously been crosswalked by most state systems for submission of annual summary client-level records, were appended to the TEDS record.

Appendix B

TEDS Crosswalk Worksheet

Instructions for TEDS Crosswalk Worksheet

Match your codes to the TEDS codes using the TEDS State Instruction Manual as a guide. The manual contains full definitions of data items and codes in the Data Dictionary, (Appendix D).

If you have any questions, call or email Trisha Cummings at 703-807-2340 or trishac@smdi.com.

In columns E and F, insert number (when available) and name of state data item that corresponds to the TEDS item in Column B.

For each data item, map all state categories and their state codes by entering them in columns F and G such that the corresponding TEDS category and code are in the same row.

If more than one state code corresponds to a single TEDS code, insert additional lines (rows) for those codes, as needed (see example below).

EXAMPLE:

TEDS DATA			State Data		
TEDS #	**Code**	**Data item description**	**State item #**	**Code**	**Corresponding State Data Item Description**
17		**Employment Status**		#	**Employment**
	01	Full time		01	Full time
	02	Part time		02	Part time
	03	Unemployed		03	Unemployed, looking for work
	04	Not in labor force		04	Homemaker
	04	Not in labor force		05	student
	04	Not in labor force		06	retired
	04	Not in labor force		08	Incarcerated

NOTES:

If information for an individual client is not available, use the code for "Unknown."
* "Not collected" should be used only when the item is not reported to TEDS for any clients.
** See the TEDS State Instruction Manual for appropriate use of the "Not applicable" code.

TEDS Crosswalk Worksheet

TEDS 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	
SDS 3	**Reporting date** (MMYYYY)			NA	Month and year data file submitted	
MDS 1	**Provider ID**					
		1-15 characters				
MDS 2	**Client ID**					
		1-15 characters				
MDS 3	**Co-dependent/collateral**					
	1	Yes				
	2	No				
MDS 4	**Client transaction type**			NA	Client transaction type	
	A	Admission			A	Admission
	T	Transfer/change in service			T	Transfer
MDS 5	**Date of Admission**					
		MMDDYYYY				
MDS 6	**No. Prior treatment episodes**					
	0	0 Previous episodes				
	1	1 Previous episodes				
	2	2 Previous episodes				
	3	3 Previous episodes				
	4	4 Previous episodes				

TEDS DATA				State Data		
TEDS #	**Code**	**Data item description**		**State item #**	**Code**	**Corresponding State Data Item Description**
	5	5 or more Previous episodes				
	7	Unknown				
	8	Not collected *				
MDS 7	**Referral Source**					
	01	Individual				
	02	Alcohol/ Drug Abuse care provider				
	03	Other health care provider				
	04	School				
	05	Employer/Employee Assistance Program (EAP)				
	06	Other community referral				
	07	Court/criminal justice referral				
	97	Unknown				
	98	Not collected *				
MDS 8	**Date of Birth**					
		MMDDYYYY				
	01010007	Unknown				
	01010008	Not collected				
MDS 9	**Gender**					
	1	Male				
	2	Female				
	7	Unknown				
	8	Not collected *				
MDS 10	**Race**					
		Note: Use either 03 or (13 and 23)				
	01	Alaskan Native				
	02	American Indian/Alaskan Native				
	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				

TEDS DATA				State Data		
TEDS #	**Code**	**Data item description**		**State item #**	**Code**	**Corresponding State Data Item Description**
	05	White				
	20	Other single race				
	21	Two or more races				
	97	Unknown				
	98	Not collected *				
MDS 11	**Hispanic or Latino Origin (Ethnicity)**					
	01	Puerto Rican				
	02	Mexican				
	03	Cuban				
	04	Other Specific Hispanic or Latino				
	05	Not of Hispanic or Latino Origin				
	06	Hispanic or Latino - specific origin unknown				
	97	Unknown				
	98	Not collected *				
MDS 12	**Education**					
	00	Less than one school grade				
	01-25	Years of school completed (Adult) or current grade (Children)				
	97	Unknown				
	98	Not collected *				
MDS 13	**Employment status**					
	01	Full-time				
	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)**					
	01	None				
	02	Alcohol				

TEDS DATA				State Data		
TEDS #	**Code**	**Data item description**		**State item #**	**Code**	**Corresponding State Data Item Description**
	03	Cocaine/Crack				
	04	Marijuana/Hashish				
	05	Heroin				
	06	Non-Prescription Methadone				
	07	Other Opiates And Synthetics				
	08	PCP-phencyclidine				
	09	Hallucinogens				
	10	Methamphetamine/Speed				
	11	Other Amphetamines				
	12	Other Stimulants				
	13	Benzodiazepine				
	14	Other Tranquilizers				
	15	Barbiturates				
	16	Other Sedatives or Hypnotics				
	17	Inhalants				
	18	Over-The-Counter Medications				
	20	Other				
	97	Unknown				
	98	Not collected *				
MDS 15 (A, B, C)	**Route of administration (of primary, secondary and tertiary substances)**					
	01	Oral				
	02	Smoking				
	03	Inhalation				
	04	Injection				
	20	Other				
	96	** ** Not applicable				
	97	Unknown				
	98	Not collected *				
MDS 16 (A, B, C)	**Frequency of Use (of Primary, secondary and tertiary Substances)**					
	01	No Use In The Past Month				
	02	1-3 Days In Past Month				

TEDS DATA				State Data		
TEDS #	**Code**	**Data item description**		**State item #**	**Code**	**Corresponding State Data Item Description**
	03	1-2 Days In Past Week				
	04	3-6 Days In Past Week				
	05	Daily				
	96	** Not applicable				
	97	Unknown				
	98	Not collected *				
MDS 17 (A, B,C)	**Age of first use (of primary, secondary and tertiary substances)**					
	00	Newborn With A Substance Dependency Problem				
	01-95	Age in years				
	96	** Not applicable				
	97	Unknown				
	98	Not collected *				
MDS 18	**Type of Service/Setting**					
	01	Detox - Hosp Inpatient				
	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				
	96	Not Applicable – Use this for codependents /collateral clients.				
MDS 19	**Medication-Assisted Opioid Therapy**					
	1	Yes				
	2	No				
	7	Unknown				
	8	Not collected *				
SuDS (1, 2, 3)	**Detailed Drug code (primary, secondary and tertiary)**					
	0201	Alcohol				
	0301	Crack				
	0302	Other Cocaine				
	0401	Marijuana/Hashish				
	0501	Heroin				
	0601	Non-prescription Methadone				
	0701	Codeine				
	0702	Propoxyphene (Darvon)				

TEDS DATA				State Data		
TEDS #	Code	Data item description		State item #	Code	Corresponding State Data Item Description
	0703	Oxycodone (Oxycontin)				
	0704	Meperidine (Demerol)				
	0705	Hydromorphone (Dilaudid)				
	0706	Other Opiates or Synthetics				
	0707	Pentazocine (Talwin)				
	0708	Hydrocodone (Vicodin)				
	0709	Tramadol (Ultram)				
	0710	Buprenorphine (Subutex, Suboxone)				
	0801	PCP or PCP Combination				
	0901	LSD				
	0902	Other Hallucinogens				
	1001	Methamphetamine/Speed				
	1101	Amphetamine				
	1103	MDMA, Ecstasy				
	1109	“Bath Salts”, phenmetrazine, and other amines and 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	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				

TEDS DATA				State Data		
TEDS #	**Code**	**Data item description**		**State item #**	**Code**	**Corresponding State Data Item Description**
	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)				
	2002	Other Drugs				
	2003	GHB/GBL				
	2004	Ketamine (Special K)				
	9996	** Not applicable				
	9997	Unknown				
	9998	Not collected *				
SuDS 4	**DSM Diagnosis**					
	xxx.xx	Specify if code from DSM or ICD				
	999.97	Unknown				
	999.98	Not collected *				
SuDS5	**Co-Ocurring Substance Abuse and Mental Health Problems**					
	1	Yes				
	2	No				
	7	Unknown				
	8	Not collected *				
SuDS 6	**Pregnant at admission**					
	1	Yes				
	2	No				
	6	** Not applicable				
	7	Unknown				
	8	Not collected *				
SuDS 7	**Veteran status**					

TEDS DATA				State Data		
TEDS #	**Code**	**Data item description**		**State item #**	**Code**	**Corresponding State Data Item Description**
	1	Yes				
	2	No				
	7	Unknown				
	8	Not collected *				
SuDS 8	**Living arrangement**					
	01	Homeless				
	02	Dependent living				
	03	Independent living				
	97	Unknown				
	98	Not collected *				
SuDS 9	**Source of Income**					
	01	Wages/Salary				
	02	Public Assistance				
	03	Retirement/Pension				
	04	Disability				
	20	Other				
	21	None				
	97	Unknown				
	98	Not collected *				
SuDS 10	**Health insurance**					
	01	Private Insurance				
	02	Blue Cross/Blue Shield				
	03	Medicare				
	04	Medicaid				
	06	Health Maintenance Organization (HMO)				
	20	Other (E.G., TRICARE)				
	21	None				
	97	Unknown				
	98	Not collected *				
SuDS 11	**Expected source of payment**					
	01	Self-Pay				

TEDS DATA				State Data		
TEDS #	**Code**	**Data item description**		**State item #**	**Code**	**Corresponding State Data Item Description**
	02	Blue Cross/Blue Shield				
	03	Medicare				
	04	Medicaid				
	05	Other Government Payments				
	06	Worker's Compensation				
	07	Other Health Insurance Companies				
	08	No Charge (Free, Charity, Special Research Or Teaching)				
	09	Other				
	97	Unknown				
	98	Not collected *				
SuDS 12	**Detailed not in labor force**					
	01	Homemaker				
	02	Student				
	03	Retired				
	04	Disabled				
	05	Resident Of Institution				
	06	Other				
	96	** Not applicable				
	97	Unknown				
	98	Not collected *				
SuDS 13	**Detailed criminal justice referral**					
	01	State/Federal Court				
	02	Other court				
	03	Probation/Parole				
	04	Other Recognized Legal Entity				
	05	Diversionary Program (E.G., Tasc)				
	06	Prison				
	07	DUI/DWI				
	08	Other				
	96	** Not applicable				
	97	Unknown				

TEDS DATA				State Data		
TEDS #	**Code**	**Data item description**		**State item #**	**Code**	**Corresponding State Data Item Description**
	98	Not collected *				
SuDS 14	**Marital status**					
	01	Never Married				
	02	Now Married				
	03	Separated				
	04	Divorced				
	05	Widowed				
	97	Unknown				
	98	Not collected *				
SuDS 15	**Days waiting to enter treatment**					
	000-996	Number of Days waiting				
	997	Unknown				
	998	Not collected *				
SuDS 16	**Arrests in 30 days prior to admission**					
	00	None				
	01-96	01-96				
	97	Unknown				
	98	Not collected *				
SuDS 17	**Attendance at self-help groups in 30 days prior to admission**					
	01	No attendance				
	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 or more in the past 30 days				
	06	Some attendance -- Number of times and frequency is unknown				

TEDS DATA				State Data		
TEDS #	**Code**	**Data item description**		**State item #**	**Code**	**Corresponding State Data Item Description**
	97	Unknown				
	98	Not collected *				
SuDS 18	**Diagnostic code set Identifier**					
	1	DSM-IV				
	2	ICD-9				
	3	ICD-10				
	4	DSM-V				
	5	DSM-IIIR				
	7	Unknown				
	8	Not collected *				
SuDS 19	**Substance abuse diagnosis (ICD-10 format)**					
	xxx.xxxx					
	999.9997	Unknown				
	999.9998	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	
DIS 3	**Reporting date** (MMYYYY)			NA	Month and year data file submitted	
DIS 4	**Provider ID at Discharge**					
		1-15 characters				

TEDS DATA				State Data		
TEDS #	**Code**	**Data item description**		**State item #**	**Code**	**Corresponding State Data Item Description**
DIS 5	**Client ID**					
		1-15 characters				
DIS 6	**Co-dependent/collateral**					
	1	Yes				
	2	No				
DIS 7	**Service at Discharge**					
	01	Detox - Hosp Inpatient				
	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**					
		MMDDYYYY				
DIS 9	**Date of Discharge**					
		MMDDYYYY				
DIS 10	**Reason for Discharge**					
	01	Treatment completed				
	02	Left against advice including drop-out				
	03	Terminated by facility				
	04	Transferred to other SA treatment program				
	14	Transferred to other SA treatment program, did not report				
	05	Incarcerated				

TEDS DATA				State Data		
TEDS #	**Code**	**Data item description**		**State item #**	**Code**	**Corresponding State Data Item Description**
	06	Death				
	07	Other				
	08	Unknown				
DIS 11 through DIS 20 are same as admission data items above						
DIS 21 (A, B, C)	**Substance Problem at discharge, (primary, secondary and tertiary)**					
	01	None				
	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				
	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)**					
	01	No Use In The Past Month				
	02	1-3 Times In Past Month				
	03	1-2 Times In Past Week				

TEDS DATA				State Data		
TEDS #	Code	Data item description		State item #	Code	Corresponding State Data Item Description
	04	3-6 Times In Past Week				
	05	Daily				
	96	** Not applicable				
	97	Unknown				
	98	Not collected *				
DIS 23	**Living arrangement at discharge**					
	01	Homeless				
	02	Dependent living				
	03	Independent living				
	97	Unknown				
	98	Not collected *				
DIS 24	**Employment status at discharge**					
	01	Full-time				
	02	Part-time				
	03	Unemployed				
	04	Not in labor force				
	97	Unknown				
	98	Not collected *				
DIS 25	**Detailed not in labor force at discharge**					
	01	Homemaker				
	02	Student				
	03	Retired				
	04	Disabled				
	05	Resident Of Institution				
	06	Other				
	96	** Not applicable				
	97	Unknown				
	98	Not collected *				
DIS 26	**Arrests in 30 days prior to discharge**					
	00	None				
	01-96	01-96				
	97	Unknown				

TEDS DATA				State Data		
TEDS #	**Code**	**Data item description**		**State item #**	**Code**	**Corresponding State Data Item Description**
	98	Not collected *				
DIS 27	**Atttendance at self-help groups in 30 days prior to discharge**					
	01	No attendance				
	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 or more in the past 30 days				
	06	Some attendance -- Number of times and frequency is unknown				
	97	Unknown				
	98	Not collected *				

Appendix C

Data File Specifications

General Specifications for data files are as follows:

1. Data files must be submitted as fixed-length ASCII flat files.
2. Fields must occupy the column(s) specified in the file structure tables.
3. All fields must have valid entries (see Appendix D: Data Dictionary).
4. Only printable alphanumeric ASCII characters are valid.
5. Numeric fields must be right-justified and filled with zeros.
6. The alphanumeric fields ***State Provider Identifier*** and ***Client Identifier*** must be left-justified and filled with blank spaces. All other alphanumeric fields must have valid entries with no blank spaces.
7. A field filled with 9s, indicating *Invalid data,* is reserved for use by the TEDS Project Office.
8. The end of a record may be indicated with either LF (line feed) or CR-LF (carriage return-line feed).
9. End-of-file markers are optional, as is line feed (LF) for the last record in the file.

Admission File Structure

The components of the admission data file are:

Submission Data Set (SDS)

Fields 1 - 3 are processing control fields. They identify the type of submission, the state, and the reporting date. Each state is required to submit data for all SDS fields.

Minimum Data Set (MDS)

Fields 4 - 30 include demographic, substance abuse, and treatment characteristics. Each state is required to submit data for all MDS fields.

Supplemental Data Set (SuDS)

Fields 31 - 47 include psycho-socioeconomic characteristics or additional detail for MDS data fields.

With the exception of those fields designated as NOM (National Outcome Measures), reporting of SuDS data fields is optional. However, states are encouraged to report all SuDS fields available in the state data system. If a SuDS field is reported, data should be submitted for all clients.

New Fields

Fields 48 - 49 have been appended to the admission record. They identify the diagnostic code set used and accommodate the longer ICD-10 codes. These fields do not need to be added to the record if they will not be reported. If absent, they will automatically be coded as *Not collected*.

Admission File Specifications

Field Position	Field	Field Name	Data Type	Field Length	Begin Column	End Column
Submission Data Set						
1	SDS 1	System Transaction Type	Alphanumeric	1	1	1
2 KEY	SDS 2	State Code	Alphanumeric	2	2	3
3	SDS 3	Reporting Date	Numeric	6	4	9
Minimum Data Set						
4 KEY	MDS 1	State Provider Identifier	Alphanumeric	15	10	24
5 KEY	MDS 2	Client Identifier	Alphanumeric	15	25	39
6 KEY	MDS 3	Codependent/Collateral	Numeric	1	40	40
7 KEY	MDS 4	Client Transaction Type	Alphanumeric	1	41	41
8 KEY	MDS 5	Date of Admission	Numeric	8	42	49
9 KEY	MDS 18	Type of Service/Setting	Numeric	2	50	51
10	MDS 6	Prior Treatment Episodes	Numeric	1	52	52
11	MDS 7	Referral Source	Numeric	2	53	54
12	MDS 8	Date of Birth	Numeric	8	55	62
13	MDS 9	Gender	Numeric	1	63	63
14	MDS 10	Race	Numeric	2	64	65
15	MDS 11	Hispanic or Latino Origin (Ethnicity)	Numeric	2	66	67
16	MDS 12	Education	Numeric	2	68	69
17 NOM	MDS 13	Employment Status	Numeric	2	70	71
18 NOM	MDS 14a	Substance Abuse Problem, Primary	Numeric	2	72	73

Field Position	Field	Field Name	Data Type	Field Length	Begin Column	End Column
19	MDS 15a	Route of Administration, Primary	Numeric	2	74	75
20 NOM	MDS 16a	Frequency of Use, Primary	Numeric	2	76	77
21	MDS 17a	Age at First Use, Primary	Numeric	2	78	79
22 NOM	MDS 14b	Substance Abuse Problem, Secondary	Numeric	2	80	81
23	MDS 15b	Route of Administration, Secondary	Numeric	2	82	83
24 NOM	MDS 16b	Frequency of Use, Secondary	Numeric	2	84	85
25	MDS 17b	Age at First Use, Secondary	Numeric	2	86	87
26 NOM	MDS 14c	Substance Abuse Problem, Tertiary	Numeric	2	88	89
27	MDS 15c	Route of Administration, Tertiary	Numeric	2	90	91
28 NOM	MDS 16c	Frequency of Use, Tertiary	Numeric	2	92	93
29	MDS 17c	Age at First Use, Tertiary	Numeric	2	94	95
30	MDS 19	Medication-assisted Opioid Therapy	Numeric	1	96	96
Supplemental Data Set						
31	SuDS 1	Detailed Drug Code, Primary	Numeric	4	97	100
32	SuDS 2	Detailed Drug Code, Secondary	Numeric	4	101	104
33	SuDS 3	Detailed Drug Code, Tertiary	Numeric	4	105	108
34	SuDS 4	Diagnostic Code (DSM or ICD)	Alphanumeric	6	109	114
35	SuDS 5	Co-Occurring Substance Abuse and Mental Health Problems	Numeric	1	115	115
36	SuDS 6	Pregnant at Admission	Numeric	1	116	116
37	SuDS 7	Veteran Status	Numeric	1	117	117
38 NOM	SuDS 8	Living Arrangements	Numeric	2	118	119
39	SuDS 9	Source of Income/Support	Numeric	2	120	121
40	SuDS 10	Health Insurance	Numeric	2	122	123

Field Position	Field	Field Name	Data Type	Field Length	Begin Column	End Column
41	SuDS 11	Payment Source, Primary (Expected or Actual)	Numeric	2	124	125
42 NOM	SuDS 12	Detailed Not-In-Labor-Force	Numeric	2	126	127
43	SuDS 13	Detailed Criminal Justice Referral	Numeric	2	128	129
44	SuDS 14	Marital Status	Numeric	2	130	131
45	SuDS 15	Days Waiting to Enter Treatment	Numeric	*3*	*132*	*134*
46 NOM	SuDS 16	Arrests in 30 Days Prior to Admission	Numeric	*2*	*135*	*136*
47 NOM	SuDS 17	Attendance at Self-Help Groups in 30 Days Prior to Admission	Numeric	*2*	*137*	*138*
New Fields For ICD-10 Diagnostic Codes **These fields do not need to be added to the record if they will not be reported.** **If absent, they will automatically be coded as *Not collected*.**						
48	SuDS 18	Diagnostic Code Set Identifier	Numeric	1	139	139
49	SuDS 19	Substance Abuse Diagnosis - ICD-10 Compatible	Alphanumeric	8	140	147

Discharge File Structure

The components of the discharge data file are:

Submission Data Set (SDS)

Fields 1 - 3 are processing control fields. They identify the type of submission, the state, and the reporting date. Each state is required to submit data for all fields.

Basic Discharge Data

Fields 4 - 10 update the client's status for data items collected at admission. Each state is required to submit data for all fields.

Fields from Admission Record

Fields 11 - 20 contain data from the admission record that corresponds to the discharge record. The key fields are used to link the admission and discharge records, and the remaining fields are used for verification. Each state is required to submit data for all fields.

National Outcome Measures (NOMs)

Fields 21 - 31 contain the NOMs discharge data elements. Each state is required to submit data for all fields.

Discharge File Specifications

Field Position	Field	Field Name	Data Type	Field Length	Begin Column	End Column
Submission Data Set						
1	DIS 1	System Transaction Type	Alphanumeric	1	1	1
2 KEY	DIS 2	State Code	Alphanumeric	2	2	3
3	DIS 3	Reporting Date	Numeric	6	4	9
Basic Discharge Data						
4 KEY	DIS 4	State Provider Identifier	Alphanumeric	15	10	24
5 KEY	DIS 5	Client Identifier	Alphanumeric	15	25	39
6 KEY	DIS 6	Codependent/Collateral	Numeric	1	40	40
7 KEY	DIS 7	Type of Service/Setting at Discharge	Numeric	2	41	42
8 KEY	DIS 8	Date of Last Contact	Numeric	8	43	50
9 KEY	DIS 9	Date of Discharge	Numeric	8	51	58
10	DIS 10	Reason for Discharge, Transfer, or Discontinuance of Treatment	Numeric	2	59	60
Data From Admission Record						
11 LINK	MDS 11	State Provider Identifier	Alphanumeric	15	61	75
12 LINK	DIS 12	Client Identifier	Alphanumeric	15	76	90
13 LINK	DIS 13	Codependent/Collateral	Numeric	1	91	91

Field Position	Field	Field Name	Data Type	Field Length	Begin Column	End Column
14 LINK	DIS 14	Client Transaction Type	Alphanumeric	1	92	92
15 LINK	DIS 15	Date of Admission	Numeric	8	93	100
16 LINK	DIS 16	Type of Service/Setting	Numeric	2	101	102
17	DIS 17	Date of Birth	Numeric	8	103	110
18	DIS 18	Gender	Numeric	1	111	111
19	DIS 19	Race	Numeric	2	112	113
20	DIS 20	Hispanic or Latino Origin (Ethnicity)	Numeric	2	114	115
National Outcome Measures (NOMs)						
21 NOM	DIS 21a	Substance Problem at Discharge, Primary	Numeric	2	116	117
22 NOM	DIS 21b	Substance Abuse Problem at Discharge, Secondary	Numeric	2	118	119
23 NOM	DIS 21c	Substance Abuse Problem at Discharge, Tertiary	Numeric	2	120	121
24 NOM	DIS 22a	Frequency of Use at Discharge, Primary	Numeric	2	122	123
25 NOM	DIS 22b	Frequency of Use at Discharge, Secondary	Numeric	2	124	125
26 NOM	DIS 22c	Frequency of Use at Discharge, Tertiary	Numeric	2	126	127
27 NOM	DIS 23	Living Arrangements at Discharge	Numeric	2	128	129
28 NOM	DIS 24	Employment Status at Discharge	Numeric	2	130	131
29 NOM	DIS 25	Detailed Not in Labor Force at Discharge	Numeric	2	132	133
30 NOM	DIS 26	Arrests in 30 Days Prior to Discharge	Numeric	2	134	135

Field Position	Field	Field Name	Data Type	Field Length	Begin Column	End Column
31 NOM	DIS 27	Attendance at Self-Help Groups in 30 Days Prior to Discharge	Numeric	2	136	137

Appendix D

TEDS Data Dictionary

The Data Dictionary provides critical information about the data fields in TEDS, including the field and category definitions, valid entries and coding structure, validation edits performed, and guidelines for collecting and reporting the data to TEDS.

Each field has been assigned a reference number that incorporates the Data Set name and the position of the element in the crosswalk. Data set names include System Data Set (SDS), Minimum Data Set (MDS), Supplemental Data Set (SuDS), and Discharge Data Set (DIS). Data elements identified as “key fields” are those elements which, taken together, uniquely identify each TEDS record.

Missing Data Codes

SAMHSA anticipates that all states will eventually collect and submit data corresponding to all TEDS data fields, including all fields in the Supplemental Data Set. However, under certain circumstances data will be missing. TEDS missing data codes include:

> *Not applicable* is valid for interdependent data fields only, where the value of one field is dependent on the value of another. For example, *6 Not applicable* is the correct value for ***Pregnant at Admission*** when the value of ***Gender*** is *1 Male*.
>
> *Unknown* should be used to indicate that, although the state collects and reports data for a field, the value for an individual client is not known.
>
> *Not collected* should be used when a state's data system does not include a particular field. In general, this code should apply only to fields in the Supplemental Data Set that have not been designated as NOMs. However, the Minimum Data Set field ***Medication-assisted Opioid Therapy*** may be designated as *Not collected* if the state does not support that treatment. *Not collected* is not acceptable for any key field.

In some fields, states may collect a subset of the valid values, and these fields may have specific instructions on the use of *Unknown* and *Not collected*. Please review the detailed instructions for each field in the *Data Dictionary.*

New Variables

A ***Diagnostic Code Set*** indicator and ***Substance Abuse Diagnostic Code*** capable of accepting the longer ICD-10 codes has been appended to the end of the standard TEDS record in STSS version 3.2. These fields do not need to be added to the record if they will not be reported. If absent, they will automatically be coded as *Not collected*.

TEDS Data Dictionary - Table

The table below lists all fields and the data sets they are part of. System and key fields are listed first. Other fields are listed alphabetically, with National Outcome Measures (NOMs) fields indicated. The two fields added to accommodate the ICD-10 diagnostic format are listed at the end.

Field Name	Reference No.		
	Admission Record	Discharge Record	
		From Admission Record	At Discharge
Required and key fields			
System Transaction Type	SDS 1		DIS 1
State Code –- KEY FIELD	SDS 2		DIS 2
Reporting Date	SDS 3		DIS 3
Client Identifier – KEY FIELD	MDS 2	DIS 12	DIS 5
Client Transaction Type – KEY FIELD	MDS 4	DIS 14	
Codependent/Collateral – KEY FIELD	MDS 3	DIS 13	DIS 6
Date of Admission – KEY FIELD	MDS 5	DIS 15	
Date of Discharge – KEY FIELD			DIS 9
Date of Last Contact - KEY FIELD			DIS 8
State Provider Identifier – KEY FIELD	MDS 1	DIS 11	DIS 4
Type of Service/Setting – KEY FIELD	MDS 18	DIS 16	DIS 7
Current TEDS Fields (Alphabetical)			
Age at First Use (of Primary, Secondary, Tertiary, Substances)	MDS 17a MDS 17b MDS 17c		
Arrests in Past 30 Days - NOM	SuDS 16		DIS 26
Co-Occurring Substance Abuse and Mental Health Problems	SuDS 5		
Date of Birth	MDS 8	DIS 17	
Days Waiting to Enter Treatment	SuDS 15		
Detailed Criminal Justice Referral	SuDS 13		
Detailed Drug Code (Primary, Secondary, Tertiary)	SuDS1 SuDS 2 SuDS 3		
Detailed Not-in-Labor Force - NOM	SuDS 12		DIS 25
Diagnostic Code (DSM or ICD)	SuDS 4		
Education	MDS 12		

Field Name	Reference No.		
	Admission Record	Discharge Record	
		From Admission Record	At Discharge
Employment Status - NOM	MDS 13		DIS 24
Frequency of Use (of Primary, Secondary, Tertiary Substances) - NOM	MDS 16a MDS 16b MDS 16c		DIS 22a DIS 22b DIS 22c
Gender	MDS 9	DIS 18	
Health Insurance	SuDS 10		
Hispanic or Latino Origin (Ethnicity)	MDS 11	DIS 20	
Living Arrangements - NOM	SuDS 8		DIS 23
Marital Status	SuDS 14		
Medication-Assisted Opioid Therapy	MDS 19		
Payment Source, Primary (Expected or Actual)	SuDS 11		
Pregnant at Admission	SuDS 6		
Prior Treatment Episodes	MDS 6		
Race	MDS 10	DIS 19	
Reason for Discharge, Transfer, or Discontinuance of Treatment			DIS 10
Referral Source	MDS 7		
Route of Administration (Primary, Secondary, Tertiary Substances)	MDS 15a MDS 15b MDS 15c		
Self-Help Groups, Attendance in Past 30 Days - NOM	SuDS 17		DIS 27
Substance Abuse Problem (Primary, Secondary, Tertiary) - NOM	MDS 14a MDS 14b MDS 14c		DIS 21a DIS21b DIS21c
Source of Income/Support	SuDS 9		
Veteran Status	SuDS 7		
New Fields For ICD-10 Diagnostic Codes			
Diagnostic Code Set Identifier	SuDS 18		
Substance Abuse Diagnosis (ICD-10 Compatible)	SuDS 19		

VARIABLE NAME: SUBSTANCE ABUSE DIAGNOSIS (ICD-10 COMPATIBLE)

DESCRIPTION:

Client's diagnosis is used to identify the substance abuse problem that provides the reason for client encounter or treatment. This can be reported by using either the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) from the American Psychiatric Association or the *International Classification of Diseases* (ICD), from the World Health Organization.

This field is compatible with the longer ICD-10 code format. However, this field will also accept ICD-9 and any of the DSM editions. States are encouraged to use this field in lieu of SuDS4 ***Diagnostic Code (DSM or ICD)***

VALID ENTRIES

Code	Description
XXX.XXXX	
XXX_ _ _ _ _	where "_" represents a blank
XXX._ _ _ _	where "_" represents a blank
XXX.X_ _ _	where "_" represents a blank
XXX.XX _ _	where "_" represents a blank
XXX.XXX _	where "_" represents a blank
999.9997	UNKNOWN – Individual client value is unknown.
999.9998	NOT COLLECTED – State does not collect this field.

VALIDATION EDITS

No validations are done.

GUIDELINES

This field is part of the Supplemental Data Set, and reporting of this field is optional. If the state collects these data, data should be reported for all clients. If the state does not collect this field, records should be coded *999.9998 Not collected.*

Substance abuse diagnosis is preferred, but mental health diagnosis is also acceptable.

Both DSM and ICD codes can be accommodated. The state must specify the coding system and version (DSM-IIIR, DSM-IV, DSM 5, ICD-9, ICD-10) in the ***Diagnostic Code Set Identifier*** field. While a three-character code with no decimal or following digits will be accepted, more complete diagnoses have at

least one digit to the right of the decimal. States should strive to obtain complete coding with sufficient digits to accurately code the diagnosis.

Substance abuse clients: The ***Diagnostic Code Set Identifier*** and ***Substance Abuse Diagnosis (ICD-10 Compatible)*** have been added to the record format to accommodate the 4 decimal places of the ICD-10 code. states not using the ICD-10 do not need to make any changes to their TEDS data submissions. States may continue to use SuDS 4 ***Diagnostic Code (DSM or ICD)*** to report diagnostic codes.

RELATED FIELDS: ***Diagnostic Code Set Identifier***
FIELD LENGTH: 8
DATA TYPE: Alphanumeric (left-aligned and filled with blank spaces)
REFERENCE NO. AND COLUMN(S):
Admission record: SuDS 19: 140-147

VARIABLE NAME: DIAGNOSTIC CODE SET IDENTIFIER

DESCRIPTION:

This field is used to indicate the diagnostic code set (DSM-IIIR, DSM-IV, DSM-V, ICD-9, DSM-10) used in the ***Substance Abuse Diagnosis (ICD 10 Compatible)*** field.

VALID ENTRIES

Code	Description
1	DSM-IV
2	ICD-9
3	ICD-10
4	DSM-V
5	DSM-IIIR
7	UNKNOWN – Individual client value is unknown.
8	NOT COLLECTED – State does not collect this field.

VALIDATION EDITS

The ***Diagnostic Code Set Identifier*** has been appended to the record format. If this field is not present (i.e., the record length is 138) the ***Diagnostic Code Set Identifier*** will be coded as *8 Not collected.*

If this field contains an invalid value, the value will be changed to *9 Invalid data* and a warning error will be generated.

GUIDELINES

The fields ***Diagnostic Code Set Identifier*** and ***Substance Abuse Diagnosis (ICD-10 Compatible)***, accommodating the 4 decimal places of the ICD-10 code, have been appended to the record format. **States not using the ICD-10 do not need to make any changes to their TEDS data submissions.**

These fields are part of the Supplemental Data Set, and reporting of these fields is optional. If the state collects these data, data should be reported for all clients.

The ***Diagnostic Code Set Identifier*** must be used if the field ***Substance Abuse Diagnosis (ICD 10 Compatible)*** is used.

RELATED FIELDS: ***Substance Abuse Diagnosis (ICD-10 Compatible)***
FIELD LENGTH: 1
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S):
Admission record: SuDS 18: 139

VARIABLE NAME: SUBSTANCE ABUSE PROBLEM (PRIMARY, SECONDARY, TERTIARY)

DESCRIPTION:

Identifies the client's substance abuse problem(s) (up to three substances)

VALID ENTRIES

Code	Description
01	NONE
02	ALCOHOL
03	COCAINE/CRACK
04	MARIJUANA/HASHISH – Includes THC and any other cannabis sativa preparations
05	HEROIN
06	NON-PRESCRIPTION METHADONE
07	OTHER OPIATES AND SYNTHETICS – Includes buprenorphine, butorphanol, codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and other narcotic analgesics, opiates, or synthetics
08	PCP – PHENCYCLIDINE
09	HALLUCINOGENS – Includes LSD, DMT, mescaline, peyote, psilocybin, STD, and other hallucinogens
10	METHAMPHETAMINE/SPEED
11	OTHER AMPHETAMINES – Includes amphetamines, MDMA, 'bath salts', phenmetrazine, and other amines and related drugs
12	OTHER STIMULANTS – Includes methylphenidate and any other stimulants
13	BENZODIAZEPINES – Includes alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flunitrazepam, flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other benzodiazepines
14	OTHER TRANQUILIZERS – Includes meprobamate, and other non-benzodiazepine tranquilizers
15	BARBITURATES – Includes amobarbital, pentobarbital, phenobarbital, secobarbital, etc.
16	OTHER SEDATIVES OR HYPNOTICS – Includes chloral hydrate, ethchlorvynol, glutethimide, methaqualone, and other non-barbiturate sedatives and hypnotics
17	INHALANTS – Includes aerosols; chloroform, ether, nitrous oxide and other anesthetics; gasoline; glue; nitrites; paint thinner and other solvents; and other inappropriately inhaled products
18	OVER-THE-COUNTER MEDICATIONS – Includes aspirin, dextromethorphan and other cough syrups, diphenhydramine and other anti-histamines, ephedrine, sleep aids, and any other legally obtained, non-prescription medication

Code	Description
20	OTHER DRUGS – Includes diphenylhydantoin/phenytoin, GHB/GBL, ketamine, "spice", carisoprodol, and other drugs
97	UNKNOWN – Individual client value is unknown.
98	NOT COLLECTED – State does not collect this field.

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated.

GUIDELINES

Each ***Substance Abuse Problem*** field (primary, secondary, or tertiary) has associated fields: ***Route of Administration***, ***Frequency of Use***, ***Age at First Use***, and ***Detailed Drug Code***. The primary ***Substance Abuse Problem*** code corresponds to the primary codes in the other fields, the secondary code to the secondary, and the tertiary to the tertiary. The optional field ***Detailed Drug Code*** is used to provide more detailed descriptions of the substances reported.

Substance Abuse Problem is defined by SAMHSA as an outcome measure, and is collected at admission and at discharge, with the related variable ***Frequency of Use,*** to assess change.

RELATED FIELDS: ***Route of Administration, Frequency of Use, Age at First Use, Detailed Drug Code.***
FIELD LENGTH: 2
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S):
Admission record: MDS 14a: 72-73, MDS 14b: 80-81, MDS 14c: 88-89

Discharge record: DIS 21a: 116-117, DIS 21b: 118-119, DIS 21c: 120-121

VARIABLE NAME: REFERRAL SOURCE

DESCRIPTION:

Describes the person or agency referring the client to treatment.

VALID ENTRIES

Code	Description
01	INDIVIDUAL (includes self-referral) – Includes the client, a family member, friend, or any other individual who would not be included in any of the following categories; includes self-referral due to pending DWI/DUI.
02	ALCOHOL/DRUG ABUSE CARE PROVIDER – Any program, clinic, or other health care provider whose principal objective is treating clients with substance abuse problems, or a program whose activities are related to alcohol or other drug abuse prevention, education, or treatment.
03	OTHER HEALTH CARE PROVIDER – A physician, psychiatrist, or other licensed health care professional; or general hospital, psychiatric hospital, mental health program, or nursing home.
04	SCHOOL (Educational) – A school principal, counselor, or teacher; or a student assistance program (SAP), the school system, or an educational agency.
05	EMPLOYER/EMPLOYEE ASSISTANCE PROGRAM (EAP) – A super-visor or an employee counselor.
06	OTHER COMMUNITY REFERRAL – Community or religious organization or any federal, state, or local agency that provides aid in the areas of poverty relief, unemployment, shelter, or social welfare. This category also includes defense attorneys and self-help groups such as Alcoholics Anonymous (AA), Al-Anon, and Narcotics Anonymous (NA).
07	COURT/CRIMINAL JUSTICE REFERRAL/DUI/DWI – Any police official, judge, prosecutor, probation officer or other person affiliated with a federal, state or county judicial system. Includes referral by a court for DWI/DUI, clients referred in lieu of or for deferred prosecution, or during pretrial release, or before or after official adjudication. Includes clients on pre-parole, pre-release, work or home furlough or TASC. Client need not be officially designated as "on parole." Includes clients referred through civil commitment. **Clients in this category are further defined in *Detailed Criminal Justice Referral*.**
97	UNKNOWN – Individual client value is unknown.
98	NOT COLLECTED – State does not collect this field.

VALIDATION E DITS

If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated.

GUIDELINES

Detailed Criminal Justice Referral provides a detailed breakdown of the category *07 Court/criminal justice referral/DUI/DWI*. All records with this category should have an entry in ***Detailed Criminal Justice Referral***.

RELATED FIELDS: ***Detailed Criminal Justice Referral***
FIELD LENGTH: 2
DATA TYPE: Numeric

REFERENCE NO. AND COLUMN(S):
Admission record: MDS 7: 53-54

VARIABLE NAME: HEALTH INSURANCE

DESCRIPTION:

Specifies the client's health insurance at admission. The insurance may or may not cover behavioral health treatment.

VALID ENTRIES

Code	Description
01	PRIVATE INSURANCE (other than Blue Cross/Blue Shield or an HMO)
02	BLUE CROSS/BLUE SHIELD
03	MEDICARE
04	MEDICAID
06	HEALTH MAINTENANCE ORGANIZATION (HMO)
20	OTHER (e.g., TRICARE)
21	NONE
97	UNKNOWN – Individual client value is unknown. This code should also be used if the state collects Medicare and Medicaid as a single category.
98	NOT COLLECTED – State does not collect this field. This code should also be used when the state collects only a subset of the categories.

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated.

GUIDELINES

This field is part of the Supplemental Data Set, and reporting of this field is optional. States are encouraged to report data for all categories in the list of valid entries, but reporting a subset of the categories is acceptable. ***Health Insurance*** should be reported, if collected, whether or not it covers behavioral health treatment.

If the state collects a subset of the categories, clients not fitting the subset should be coded as *98 Not collected*. For example, if the state collects only *03 Medicare* and *04 Medicaid*, all other categories of ***Health Insurance*** should be coded as *98 Not collected*.

If a state collects Medicare and Medicaid as a single category, ***Health Insurance*** should be coded *97 Unknown*.

If the state does not collect ***Health Insurance***, all records should be coded *98 Not collected*.

RELATED FIELDS: None
REFERENCE NO.: SuDS 10
FIELD LENGTH: 2
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S):
Admission record: SuDS 10: 122-123

VARIABLE NAME: GENDER

DESCRIPTION:

Identifies the client's gender.

VALID ENTRIES

Code	Description
1	MALE
2	FEMALE
7	UNKNOWN – Individual client value is unknown.
8	NOT COLLECTED – State does not collect this field.

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *9 Invalid data* and a warning error will be generated.

GUIDELINES

Transgender clients should be coded as the gender with which the client identifies:

- Transgender male (designated female at birth but identifies as male) - code as *1 Male*
- Transgender female (designated male at birth but identifies as female) - code as *2 Female*

RELATED FIELDS: ***Pregnant at Admission***
FIELD LENGTH: 1
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S):
Admission record: MDS 9: 63

Discharge record: DIS 18: 111

VARIABLE NAME: DIAGNOSTIC CODE (DSM OR ICD)

DESCRIPTION:

Diagnostic code from the *DSM Diagnostic and Statistical Manual of Mental Disorders*, American Psychiatric Association) or ICD (*International Classification of Diseases*, World Health Organization).

VALID ENTRIES

Code	Description
XXX.XX	
XXX_ _ _	where "_" represents a blank
XXX._ _	where "_" represents a blank
XXX.X_	where "_" represents a blank
999.97	UNKNOWN – Individual client value is unknown.
999.98	NOT COLLECTED – State does not collect this field.

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *999.99 Invalid data* and a warning error will be displayed in the processing report.

GUIDELINES

This field is part of the Supplemental Data Set, and reporting of this field is optional. If the state collects these data, data should be reported for all clients. If the state does not collect this field, records should be coded *999.98 Not collected.*

Substance abuse diagnosis is preferred, but mental health diagnosis is also acceptable.

Both DSM and ICD codes can be accommodated. The state must specify the coding system and version (DSM-IIIR, DSM-IV, ICD-9) in the crosswalk.

Two new fields (the *Diagnostic Code Set Identifier* and *Substance Abuse Diagnosis (ICD-10 Compatible)*, accommodating the 4 decimal places of the ICD-10 code have been appended to the record format. States not using the ICD-10 do not need to make any changes to their TEDS data submissions. They may continue to use this diagnosis field.

While a three-character code with no decimal or following digits will be accepted, more complete diagnoses have at least one digit to the right of the decimal. States should strive to obtain complete coding with sufficient digits to accurately code the diagnosis.

RELATED FIELDS: None
FIELD LENGTH: 6
DATA TYPE: Alphanumeric (left-justified and filled with blank spaces)

REFERENCE NO. AND COLUMN(S):
Admission record: SuDS 4: 109-114

VARIABLE NAME: DETAILED 'NOT IN LABOR FORCE'

DESCRIPTION:

Provides more detailed information about those clients who are coded as *04 Not in labor force* in ***Employment Status***.

VALID ENTRIES

Code	Description
01	HOMEMAKER
02	STUDENT
03	RETIRED
04	DISABLED
05	RESIDENT OF INSTITUTION – Persons receiving services from institutional facilities such as hospitals, jails, prisons, long-term residential care, etc.
06	OTHER - For example, volunteer, seasonal worker
96	NOT APPLICABLE – Use this code if ***Employment Status*** is not *04 Not in labor force*
97	UNKNOWN – Individual client value is unknown. This code should also be used when the state collects only a subset of the categories.
98	NOT COLLECTED – State does not collect this field.

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated.

If ***Employment Status*** is not *04 Not in labor force* and this field contains a valid value, the value will be changed to *99 Invalid data* and a warning error will be displayed in the processing report.

GUIDELINES

Detailed 'Not in Labor Force', as a subset of ***Employment Status***, is defined by SAMHSA as an outcome measure, and is collected at admission and at discharge to assess change.

This field should be used only when ***Employment Status*** is *04 Not in labor force*. For all other ***Employment Status*** codes, this field should be coded *96 Not applicable*.

States are encouraged to report data for all categories in the list of valid entries, but reporting a subset of the categories is acceptable. If the state collects a subset of the categories, clients not fitting the subset should be coded as *97 Unknown*. For example, if the state collects only *04 Disabled*, all other records where ***Employment Status*** is coded *04 Not in labor force* should be coded as *97 Unknown*.

If the state does not collect ***Detailed 'Not in Labor Force'***, all records should be coded *98 Not collected*.

RELATED FIELDS: ***Employment Status***
FIELD LENGTH: 2
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S):
Admission record: SuDS 12: 126-127

Discharge record: DIS 25: 132-133

VARIABLE NAME: DETAILED DRUG CODE (PRIMARY, SECONDARY, TERTIARY)

DESCRIPTION:

Identifies in greater detail the drug problem recorded in ***Substance Abuse Problem (Primary, Secondary, Tertiary)***. Detailed drug codes enable distinction between substances in cases where a client uses two or more drugs that are assigned the same ***Substance Abuse Problem*** code.

Substance Abuse Problem Code		Detailed Drug Code	
Code	Substance	Code	Generic substance (brand name example)
01	None	9996	Not applicable
02	Alcohol	0201	Alcohol
03	Cocaine/crack	0301	Crack
		0302	Other cocaine
04	Marijuana/hashish	0401	Marijuana/hashish, THC and any other cannabis sativa preparations
05	Heroin	0501	Heroin
06	Methadone	0601	Methadone
07	Other opiates and synthetics	0710	Buprenorphine (Subutex, Suboxone)
		0701	Codeine
		0708	Hydrocodone (Vicodin)
		0705	Hydromorphone (Dilaudid)
		0704	Meperidine (Demerol)
		0703	Oxycodone (Oxycontin)
		0707	Pentazocine (Talwin)
		0702	Propoxyphene (Darvon)
		0709	Tramadol (Ultram)
		0706	Butorphanol (Stadol), morphine (MScontin), opium, and other narcotic analgesics, opiates, or synthetics
08	PCP — Phencyclidine	0801	PCP
09	Hallucinogens	0901	LSD
		0902	DMT, mescaline, peyote, psilocybin, STD, and other hallucinogens
10	Methamphetamine/Speed	1010	Methamphetamine/Speed
11	Other amphetamines	1101	Amphetamine
		1103	Methylenedioxymethamphetamine (MDMA, Ecstasy)
		1109	‘Bath salts’, phenmetrazine, and other amines and related drugs
12	Other stimulants	1203	Methylphenidate (Ritalin)
		1201	Other stimulants
13	Benzodiazepines	1301	Alprazolam (Xanax)
		1302	Chlordiazepoxide (Librium)
		1310	Clonazepam (Klonopin, Rivotril)
		1303	Clorazepate (Tranxene)
		1304	Diazepam (Valium)
		1309	Flunitrazepam (Rohypnol)

Substance Abuse Problem Code		Detailed Drug Code	
Code	Substance	Code	Generic substance (brand name example)
		1305	Flurazepam (Dalmane)
		1306	Lorazepam (Ativan)
		1307	Triazolam (Halcion)
		1308	Halazepam, oxazepam (Serax), prazepam, temazepam (Restoril), and other benzodiazepines
14	Other tranquilizers	1401	Meprobamate (Miltown)
		1403	Other non-benzodiazepine tranquilizers
15	Barbiturates	1501	Phenobarbital
		1503	Secobarbital (Seconal)
		1502	Secobarbital/Amobarbital (Tuinal)
		1509	Amobarbital, pentobarbital (Nembutal) and other barbiturate sedatives
16	Other sedatives or hypnotics	1601	Ethchlorvynol (Placidyl)
		1602	Glutethimide (Doriden)
		1603	Methaqualone (Quaalude)
		1604	Chloral hydrate and other non-barbiturate sedatives/hypnotics
17	Inhalants	1701	Aerosols
		1702	Nitrites
		1704	Solvents (paint thinner and other solvents)
		1705	Anesthetics (chloroform, ether, nitrous oxide, and other anesthetics)
		1703	Gasoline, glue, and other inappropriately inhaled products
18	Over-the-counter medications	1801	Diphenhydramine
		1809	Other anti-histamines, aspirin, Dextromethorphan (DXM) and other cough syrups, ephedrine, sleep aids, and any other legally obtained, non-prescription medication
20	Other drugs	2001	Diphenylhydantoin/Phenytoin (Dilantin)
		2003	GHB/GBL (gamma-hydroxybutyrate, gamma-butyrolactone)
		2004	Ketamine (Special K)
		2002	“Spice”, Carisoprodol (Soma) and other drugs
96	Not applicable	9996	Not applicable – Use when the value in ***"Substance Abuse Problem*** is *01 None*.
97	Unknown	9997	Unknown. Individual client value is unknown
98	Not collected	9998	Not collected –state does not collect this field

VALIDATION EDITS

If this field is blank the value will be changed to 9998 and a warning error will be displayed in the processing report. If this field contains an invalid value, the value will be changed to *9999 Invalid data* and a warning error will be displayed in the processing report.

The two-digit ***Substance Abuse Problem*** codes form the first two digits of the associated ***Detailed Drug*** code. The table above indicates the ***Substance Abuse Problem*** and associated ***Detailed Drug*** codes.

If a ***Detailed Drug*** code is not a valid subset of the corresponding ***Substance Abuse Problem***, the ***Detailed Drug*** field is set to *9999 Invalid*. For example, if ***Substance Abuse Problem*** contains the value *03 Cocaine, crack*, then ***Detailed Drug*** must contain the value *0301 Crack* or *0302 Other cocaine*.

GUIDELINES

This field is part of the Supplemental Data Set, and reporting of this field is optional. If the state collects these data, data should be reported for all clients. If the state does not collect this field, records should be coded *98 Not collected.*

A record may not have duplicate ***Substance Abuse Problem*** codes with identical ***Routes of Administration*** unless the ***Detailed Drug*** codes are different.

The following example uses ***Substance Abuse Problem*** code *13 Benzodiazepines* and ***Detailed Drug*** codes *1301 Alprazolam* and *1304 Diazepam*.

- For example:
  - The primary and secondary ***Substance Abuse Problem*** codes are both *13 Benzodiazepines*.
  - The primary and secondary ***Routes of Administration*** are both *01 Oral*.
- If the ***Detailed Drug*** code is not collected, the primary and secondary substances are considered duplicates, and the secondary ***Substance Abuse Problem*** and ***Route of Administration*** codes will be set to *99 Invalid data*.
- However, if the primary ***Detailed Drug*** code is *1301 Alprazolam* and the secondary code is *1304 Diazepam*, the primary and secondary substances would be considered as different substances.

RELATED FIELDS: ***Substance Abuse Problem, Route of Administration, Frequency of Use, Age at First Use***
FIELD LENGTH: 4
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S):
Admission record: SuDS 1: 97-100, SuDS 2: 101-104, SuDS 3: 105-108

VARIABLE NAME: DETAILED CRIMINAL JUSTICE REFERRAL

DESCRIPTION:

Provides more detailed information about those clients who are coded as *07 Criminal justice referral* in ***Referral Source***.

VALID ENTRIES

Code	Description
01	STATE/FEDERAL COURT
02	OTHER COURT – Court other than state or federal court
03	PROBATION/PAROLE
04	OTHER RECOGNIZED LEGAL ENTITY – For example, local law enforcement agency, corrections agency, youth services, review board/agency
05	DIVERSIONARY PROGRAM – For example, TASC
06	PRISON
07	DUI/DWI
08	OTHER
96	NOT APPLICABLE – Use this code if ***Referral Source*** is not *07 Criminal justice referral*
97	UNKNOWN – Individual client value is unknown. This code should also be used when the state collects only a subset of the categories.
98	NOT COLLECTED – State does not collect this field.

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be displayed in the processing report. If this field is '00' , the value will be changed to *97* will be displayed in the processing report.

If ***Referral Source*** is not *07 Criminal justice referral* and this field contains a valid value, the value will be changed to *96 Not applicable* and a warning error will be displayed in the processing report.

GUIDELINES

This field is part of the Supplemental Data Set, and reporting of this field is optional.

This field should be used only when ***Referral Source*** is *07 Criminal justice referral*. For all other ***Referral Source*** codes, this field should be coded *96 Not applicable*.

States are encouraged to report data for all categories in the list of valid entries, but reporting a subset of the categories is acceptable.

If the state collects a subset of the categories, clients not fitting the subset should be coded as *97 Unknown*. For example, if the state collects only *07 DUI/DWI*, all other records where ***Referral Source*** is coded *07 Criminal justice referral* should be coded as *97 Unknown*.

If the state does not collect ***Detailed Criminal Justice Referral***, all records should be coded *98 Not collected*.

RELATED FIELDS: ***Referral Source***
FIELD LENGTH: 2
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S):
Admission record: SuDS 13: 128-129

VARIABLE NAME: DATE OF BIRTH

DESCRIPTION:

Client's date of birth

VALID ENTRIES

Code	Description
MMDDYYYY	Date, where MM must be 01 through 12 DD must be 01 through 31
01010007	UNKNOWN – Individual client value is unknown.
01010008	NOT COLLECTED – State does not collect this field

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *01010009 Invalid data* and a warning error will be displayed in the processing report.

Age at Admission is calculated as ***Date of Admission*** minus ***Date of Birth*** and appended to the record.

Age at Admission must be equal to or greater than ***Age at First Use (Primary, Secondary, and Tertiary)***. If not, *01010009 Invalid data* is entered in the ***Date of Birth*** field. This indicates that either calculated age (and therefore ***Date of Birth***) or ***Age at First Use*** is incorrect, but it cannot be determined which one. A warning error will be displayed in the processing report.

RELATED FIELDS: ***Age at Admission, Age at First Use (Primary, Secondary, and Tertiary)***
FIELD LENGTH: 8
DATA TYPE: Numeric (MMDDYYY)
REFERENCE NO. AND COLUMN(S):
Admission record: MDS 8: 55-62

Discharge record: DIS 17: 103-110

VARIABLE NAME: AGE AT FIRST USE (OF PRIMARY, SECONDARY, TERTIARY SUBSTANCES)

DESCRIPTION:

For drugs other than alcohol, this field identifies the age at which the client first used the corresponding substance identified in ***Substance Abuse Problem (Primary, Secondary, Tertiary)***. For alcohol, this field records the age at the first intoxication.

VALID ENTRIES

Code	Description
00	NEWBORN with substance dependency problem
01 - 95	AGE in years
96	NOT APPLICABLE – Use when the value in ***Substance Abuse Problem*** is *01 None*
97	UNKNOWN – Individual client value is unknown.
98	NOT COLLECTED – State does not collect this field.

VALIDATION EDITS

If this field is blank it is changed to 98. If this field contains an invalid value, the record will be processed and a warning error will be displayed in the processing report.

Age at Admission is calculated as ***Date of Admission*** minus ***Date of Birth*** and appended to the record. The ***Age at First Use*** fields are compared to the ***Age at Admission***. If ***Age at Admission*** is less than ***Age at First Use***, *01010009 Invalid data* will be entered in the ***Date of Birth*** field. This indicates that either calculated age (and therefore ***Date of Birth***) or ***Age at First Use*** is incorrect, but it cannot be determined which one. A warning error will be generated.

GUIDELINES

If the value in ***Substance Abuse Problem*** is *01 None*, this field should be coded *96 Not applicable*.

RELATED FIELDS: ***Substance Abuse Problem, Route of Administration, Frequency of Use, Detailed Drug Code***, Age at Admission (Calculated)
FIELD LENGTH: 2
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S):
Admission record: MDS17a: 78-79, MDS 17b: 86-87, MDS 17c: 94-95

VARIABLE NAME: ARRESTS IN PAST 30 DAYS

DESCRIPTION:

Indicates the number of arrests in the 30 days prior to the reference date (the date of admission or date of discharge)

VALID ENTRIES

Code	Description
00-96	NUMBER OF ARRESTS
97	UNKNOWN – Individual client value is unknown.
98	NOT COLLECTED – State does not collect this field.

VALIDATION EDITS

If this field is blank it is changed to 98. If this field contains an invalid value, the value will be changed to 99 Invalid data and a warning error will be generated.

GUIDELINES

Arrests in the Past 30 Days is defined by SAMHSA as an outcome measure, and is collected at admission and at discharge to assess change.

For admission records, the reference period is the 30 days prior to admission. For update/discharge records, the reference period is the 30 days prior to update/discharge.

This item is intended to capture the number of times the client was arrested for any cause during the reference period.

Any formal arrest should be counted, regardless of whether incarceration or conviction resulted and regardless of the status of the arrest proceedings on the reference date.

If the admission and discharge are close together, so that the reference periods overlap, arrests falling into both reference periods should be counted as occurring in the 30 days prior to admission. They should not be counted again in the 30 days prior to discharge.

RELATED FIELDS: None
FIELD LENGTH: 2
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S):
Admission record: SudS 16: 135-136

Discharge record: DIS 26: 134-135

VARIABLE NAME: TYPE OF SERVICE/SETTING—KEY FIELD

DESCRIPTION:

Describes the type of service and/or setting in which the client is placed at the time of admission or transfer

VALID ENTRIES

Code	Description
01	DETOXIFICATION, 24-HOUR SERVICE, HOSPITAL INPATIENT — 24 hours per day medical acute care services in hospital setting for detoxification of persons with severe medical complications associated with withdrawal
02	DETOXIFICATION, 24-HOUR SERVICE, FREE-STANDING RESIDENTIAL — 24 hours per day services in non-hospital setting providing for safe withdrawal and transition to ongoing treatment
03	REHABILITATION/RESIDENTIAL — HOSPITAL (OTHER THAN DETOXIFICATION) – 24 hours per day medical care in a hospital facility in conjunction with treatment services for alcohol and other drug abuse and dependency
04	REHABILITATION/RESIDENTIAL — SHORT TERM (30 DAYS OR FEWER) – Typically, 30 days or fewer of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency
05	REHABILITATION/RESIDENTIAL— LONG TERM (MORE THAN 30 DAYS) – Typically, more than 30 days of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency; may include transitional living arrangements such as halfway houses
06	AMBULATORY— INTENSIVE OUTPATIENT – At a minimum, treatment lasting two or more hours per day for 3 or more days per week (includes partial hospitalization)
07	AMBULATORY — NON-INTENSIVE OUTPATIENT – Ambulatory treatment services including individual, family and/or group services; may include pharmacological therapies
08	AMBULATORY — DETOXIFICATION – Outpatient treatment services providing for safe withdrawal in an ambulatory setting (pharmacological or non-pharmacological).
96	NOT APPLICABLE – Use this code only for codependents/collateral clients.

VALIDATION EDITS

If this field is blank or contains an invalid value, the record will not be processed and a fatal error will be generated.

GUIDELINES

In some states, a client may be admitted to (enrolled in) more than one substance abuse treatment setting ***on the same day***, with the same or different providers. This may generate multiple client admissions ***on the same day***. However, TEDS requires that a treatment episode have only one admission. Using the following prioritized list of TEDS substance abuse treatment categories, states should select as the TEDS admission the one with the highest priority. Admissions to treatment services/settings with lower priorities may be submitted to TEDS as transfers.

1. Detoxification, 24-Hour Service, Hospital Inpatient

2. Detoxification, 24-Hour Service, Free-standing residential
3. Ambulatory—Detoxification
4. Rehabilitation/Residential—Hospital
5. Rehabilitation/Residential—Long Term (more than 30 days)
6. Rehabilitation/Residential—Short Term (30 days or fewer)
7. Ambulatory—Intensive Outpatient
8. Ambulatory—Non-Intensive Outpatient

RELATED FIELDS: None
FIELD LENGTH: 2
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S):
Admission record: MDS 18: 50-51

Discharge record: DIS 7: 41-42, DIS 16: 101-102

VARIABLE NAME: DATE OF ADMISSION—KEY FIELD

DESCRIPTION:

If the ***Client Admission Transaction Type*** is an *Initial Admission*, this field indicates the date when the client receives his or her first direct treatment or recovery service.

If the ***Client Admission Transaction Type*** is a *Transfer*, this is the date when the client receives his or her first direct treatment in the service transferred to.

VALID ENTRIES

Code	Description
MMDDYYYY	Date, where MM must be 01 through 12 DD must be 01 through 31 YYYY must be 2000 or later

VALIDATION EDITS

If this field is blank or contains an invalid value (the system will do an internal check to make sure it's a valid date), in the first record of the file, the file will not be processed and a fatal error will be displayed.

For the other records, if this field contains an invalid date, then the record is rejected and a fatal error is displayed in the processing report.

If the reporting date does not match the reporting date specified for the processing file, the record is processed, and a warning error is displayed in the processing report.

Records with a *Date of Admission* **before January 1, 2000, will be rejected.**

Date of Admission may be the same as ***Date of Last Contact***, but cannot be later.

Date of Admission may be the same as ***Date of Discharge***, but cannot be later.

RELATED FIELDS: ***Date of Last Contact, Date of Discharge***
FIELD LENGTH: 8
DATA TYPE: Numeric (MMDDYYYY)
REFERENCE NO. AND COLUMN(S):
Admission record: MDS 5: 42-49

Discharge record: DIS 15: 93-100

VARIABLE NAME: CODEPENDENT/COLLATERAL—KEY FIELD

DESCRIPTION:

Indicates whether treatment is for a primary substance abuse problem or arises from the client's relationship with someone with a substance abuse problem.

VALID ENTRIES

Code	Description
1	CODEPENDENT/COLLATERAL
2	CLIENT

VALIDATION EDITS

If this field is blank or contains an invalid value, the record will not be processed. A fatal error will be displayed in the processing report.

GUIDELINES

A *Codependent/Collateral* is a person who has no behavioral health problem, but who meets all of the following criteria:

- Is seeking services because of problems arising from his or her relationship with someone with a substance abuse problem.
- Has been formally admitted for service to a treatment unit.
- Has his or her own client record or has a record within a primary client record.

If the state submits records for codependents/collaterals, the fields ***State Code***, ***Provider Identifier***, ***Client Identifier***, ***Client Transaction Type***, and ***Date of Admission*** must be reported. Reporting of the remaining fields is optional. For all items not reported, the data field should be coded with the appropriate *Not collected* or *Not applicable* code.

If a *Client* with an existing record becomes a *Codependent*, a new admission record for a *Codependent* should be submitted. Conversely, a *Codependent* who becomes a *Client* requires a new admission record as a *Client*.

RELATED FIELDS: None
FIELD LENGTH: 1
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S):
Admission record: MDS 3: 40

Discharge record: DIS 6: 40, DIS 13: 91

VARIABLE NAME: SYSTEM TRANSACTION TYPE

DESCRIPTION:

Identifies whether the record is added to the database, changes (by replacement) an existing record in the database, or deletes an existing record from the database

VALID ENTRIES

Code	Description
A	ADD — Add a new record to the database
C	CHANGE — Change values in a record already in the database
D	DELETE — Delete an existing record from the database

VALIDATION EDITS

If this field is blank or contains an invalid entry, any thing other than 'A','D','C'; the record will be rejected and a fatal error will be displayed in the processing report.

If the key fields of an A Add record match the key fields of an existing record, the A Add record will be rejected as a duplicate and a fatal error will be displayed in the processing report.

GUIDELINES

For each transaction type separately, a record's key fields are matched within the submission and to the system database. Actions are performed in the order listed below:

1. Records with a ***System Transaction Type*** code of *D Delete* will delete a record with matching key fields.
2. Records with a ***System Transaction Type*** code of *C Change* will change a record with matching key fields by replacing the record.
3. Records with a ***System Transaction Type*** code of *A Add* will be added to the database unless the key fields match a record already in the TEDS database.

Changes to an existing record in the database can be made by

1. Submitting a *C Change* record, which replaces the existing record, or
2. Submitting a *D Delete* record and then an *A Add* record that replaces the deleted record. See Changing/Correcting Existing Records in the TEDS Database).

RELATED FIELDS: None
FIELD LENGTH: 1
DATA TYPE: Alphanumeric
REFERENCE NO. AND COLUMN(S):
Admission record: SDS 1: 1

Discharge record: DIS 1: 1

VARIABLE NAME: DATE OF LAST CONTACT—KEY FIELD

DESCRIPTION:

Indicates the date the client last received treatment.

VALID ENTRIES

Code	Description
MMDDYYYY	Date, where MM must be 01 through 12 DD must be 01 through 31
01010007	UNKNOWN – Individual client value is unknown
01010008	NOT COLLECTED – State does not collect this field

VALIDATION EDITS

Either *Date of Last Contact* or *Date of Discharge* must contain a valid value. If both fields are blank or contain invalid values, the record will not be processed. A fatal error will be displayed in the processing report.

if ***Date of Last Contact*** contains a valid value and ***Date of Discharge*** is blank, ***Date of Discharge*** will be filled with ***Date of Last Contact***.

Date of Last Contact may be the same as ***Date of Admission***, but cannot be earlier.

Date of Last Contact may be the same as ***Date of Discharge***, but cannot be later.

GUIDELINES

Date of Last Contact or Data Update is used is used by SAMHSA in computing the outcome measure *Retention* (length of stay). States are encouraged to submit ***Date of Last Contact or Data Update*** in addition to ***Date of Discharge*** because ***Date of Discharge*** often reflects an administrative discharge. ***Date of Last Contact or Data Update*** more accurately reflects the length of time the client is engaged in treatment.

RELATED FIELDS: ***Date of Admission, Date of Discharge***
FIELD LENGTH: 8
DATA TYPE: Numeric (MMDDYYYY)
REFERENCE NO. AND COLUMN(S):
Discharge record: DIS 8: 43-50

VARIABLE NAME: REASON FOR DISCHARGE, TRANSFER, OR DISCONTINUANCE OF TREATMENT

DESCRIPTION:

Indicates the outcome of the treatment episode or the reason for transfer or discontinuance of treatment

VALID ENTRIES

Code	Description
01	TREATMENT COMPLETED – All parts of the treatment plan or program were completed.
02	DROPPED OUT OF TREATMENT – Client chose not to complete treatment program, with or without specific advice to continue treatment. Includes clients who drop out of treatment for unknown reasons, clients with whom contact is lost, clients who fail to return from leave ("AWOL"), and clients who have not received treatment for some time and are discharged for “administrative” purposes.
03	TERMINATED BY FACILITY – Treatment terminated by action of facility, generally because of client non-compliance or violation of rules, laws, policy, or procedures.
04	TRANSFERRED TO ANOTHER TREATMENT PROGRAM OR FACILITY – Client was transferred to another treatment program, provider, or facility, and either reported for treatment or it is unknown whether client reported for treatment.
14	TRANSFERRED TO ANOTHER TREATMENT PROGRAM OR FACILITY, BUT DID NOT REPORT – Client was transferred to another treatment program, provider, or facility, and it is known that client did not report for treatment.
24	TRANSFERRED TO ANOTHER TREATMENT PROGRAM OR FACILITY THAT IS NOT IN THE STATE REPORTING SYSTEM – For example, a facility operated by Medicaid when Medicaid does not report client data to the state substance abuse/behavioral health agency.
05	INCARCERATED, OR RELEASED BY OR TO COURTS – Clients whose course of treatment is terminated because the client has been subject to jail, prison, or house confinement, or has been released by or to the courts.
06	DEATH
07	OTHER – Client transferred or discontinued treatment because of change in life circumstances. Examples: change of residence, illness or hospitalization, "aging out" of children's services
08	UNKNOWN – Client status at discharge in not known because, for example, discharge record is lost or incomplete. **This code will continue to be accepted. However, states are encouraged to use the code 97 Unknown instead.**
97	UNKNOWN – Individual client value is unknown.
98	NOT COLLECTED – State does not collect this field.

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated.

GUIDELINES

Code *08 Unknown* is not distinguishable from code *97 Unknown*. These two codes are combined in analysis. Although code *08 Unknown* will continue to be accepted, states are encourages to discontinue its use and to use code *97 Unknown* instead.

RELATED FIELDS: None
REFERENCE NO.: DIS 10
FIELD LENGTH: 2
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S):
Discharge record: DIS 10: 59-60

VARIABLE NAME: LIVING ARRANGEMENTS

DESCRIPTION:

Identifies whether the client is homeless, a dependent (living with parents or in a supervised setting), or living independently on his or her own.

VALID ENTRIES

Code	Description
01	HOMELESS – Clients with no fixed address; includes homeless shelters
02	DEPENDENT LIVING – Clients living in a supervised setting such as a residential institution, halfway house, or group home, and children (under age 18) living with parents, relatives, or guardians or in foster care
03	INDEPENDENT LIVING – Clients living alone or with others without supervision; includes adult children (age 18 and over) living with parents and adolescents living independently
97	UNKNOWN – Individual client value is unknown.
98	NOT COLLECTED – State does not collect this field. This code should also be used when the state collects only a subset of the categories.

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated.

GUIDELINES

Living Arrangements is defined by SAMHSA as an outcome measure, and is collected at admission and at discharge to assess change.

States are encouraged to report data for all categories in the list of valid entries, but reporting a subset of the categories is acceptable. If the state collects a subset of the categories, clients not fitting the subset should be coded as *98 Not collected*. For example, if the state collects only *01 Homeless*, all other categories of ***Living Arrangements*** should be coded as *98 Not collected*.

If the state does not collect ***Living Arrangements***, all records should be coded *98 Not collected*.

RELATED FIELDS: None
FIELD LENGTH: 2
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S):
Admission record: SuDS 8: 118-119

Discharge record:DIS 23: 128-129

VARIABLE NAME: MEDICATION-ASSISTED OPIOID THERAPY

DESCRIPTION:

Identifies whether the use of opioid medications such as methadone or buprenorphine will be part of the client's treatment plan.

VALID ENTRIES

Code	Description
1	YES
2	NO
6	NOT APPLICABLE
7	UNKNOWN – Individual client value is unknown.
8	NOT COLLECTED – State does not collect this field.

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *9 Invalid data* and a warning error will be generated.

GUIDELINES

If the client is not in treatment for an opioid problem (codes *05 Heroin*, *06 Non-prescription methadone*, or *07 Other opiates and synthetics* in one of the ***Substance Abuse Problem*** fields, this field may be coded *6 Not applicable*. This is not mandatory because it is possible that the client is being treated with opioid therapy for a substance abuse problem not among the three that can be listed.

RELATED FIELDS: None
REFERENCE NO.: MDS 19
FIELD LENGTH: 1
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S):
Admission record: MDS 19: 96

VARIABLE NAME: PRIOR TREATMENT EPISODES

DESCRIPTION:

Indicates the number of previous treatment episodes the client has received in any substance abuse treatment program

VALID ENTRIES

Code	Description
0	NO PRIOR EPISODES
1	1 PRIOR EPISODE
2	2 PRIOR EPISODES
3	3 PRIOR EPISODES
4	4 PRIOR EPISODES
5	5 OR MORE PRIOR EPISODES
7	UNKNOWN – Individual client value is unknown.
8	NOT COLLECTED – State does not collect this field

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *9 Invalid data* and a warning error will be generated.

GUIDELINES

Number of prior treatment episodes may be self-reported by the client at the time of intake, or it may be derived from the state data system. Episodes may be counted for at least several years.

Changes in service for the same episode (transfers) should not be counted as separate prior episodes.

The number of prior treatments for a codependent/collateral record should include only treatments as a codependent.

RELATED FIELDS: None
FIELD LENGTH: 1
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S):
Admission record: MDS 6: 52

VARIABLE NAME: STATE PROVIDER IDENTIFIER—KEY FIELD

DESCRIPTION:

Identifies the provider of the treatment service

VALID ENTRIES

1 to 15 alphanumeric characters

VALIDATION EDITS

If this field is blank or contains an invalid value, the record will not be processed. A fatal error will be displayed in the processing report.

The ***State Provider ID*** is compared to the ***State ID*** and ***I-BHS ID*** fields on the Inventory of Behavioral Health Services (I-BHS). If a match found, the ***IBHS ID***, ***County***, ***MSA***, and ***Agency*** are appended from the I-BHS record. If no match is found, the record will be processed, but an informational error will appear on the processing report.

GUIDELINES:

We strongly encourage states to ensure that all ***State Provider IDs*** are entered in the I-BHS.

RELATED FIELDS: None
FIELD LENGTH: 15
DATA TYPE: Alphanumeric (left-justified and filled with blank spaces)
REFERENCE NO. AND COLUMN(S):
Admission record: MDS 1: 10-24

Discharge record:DIS 4: 10-24, DIS 11: 61-75

VARIABLE NAME: DATE OF DISCHARGE—KEY FIELD

DESCRIPTION:

Indicates the date when the client was formally discharged from the treatment facility, service, or program. If a client is transferred to another service or program, indicates the date the initial service or program was terminated.

VALID ENTRIES

Code	Description
MMDDYYYY	Date, where MM must be 01 through 12 DD must be 01 through 31 YYYY must be 2000 or later

VALIDATION EDITS

If this field is blank or contains an invalid value, the record will not be processed. A fatal error will be displayed in the processing report.

Records with a ***Date of Discharge*** before January 1, 2000, will be rejected.

Date of Discharge may be the same as ***Date of Admission***, but cannot be earlier.

Date of Discharge may be the same as ***Date of Last Contact***, but cannot be earlier.

GUIDELINES

For clients who discontinue treatment but have no formal discharge record, TEDS recommends the following operational definition of discharge: ***Date of Discharge***:

> *A treatment episode should be assumed to have ended if the client has not received a treatment service in 3 days in the case of inpatient or residential treatment, or 30 days in the case of outpatient treatment.*

States may choose to use other rules for determining when administrative discharges occur; these should be indicated in the TEDS Crosswalk Plan.

RELATED FIELDS: ***Date of Admission, Date of Last Contact***
FIELD LENGTH: 8
DATA TYPE: Numeric (MMDDYYYY)
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S):
Discharge record: DIS 9: 51-58

VARIABLE NAME: DAYS WAITING TO ENTER TREATMENT

DESCRIPTION:

Indicates the number of days from the first contact or request for service until the client was admitted and the first clinical service was provided

VALID ENTRIES

Code	Description
000-996	NUMBER OF DAYS WAITING
997	UNKNOWN – Individual client value is unknown.
998	NOT COLLECTED – State does not collect this field.

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *999 Invalid data* and a warning error will be generated.

GUIDELINES

This field is part of the Supplemental Data Set, and reporting of this field is optional. If the state collects these data, data should be reported for all clients. If the state does not collect this field, records should be coded *998 Not collected.*

This item is intended to capture the number of days the client must wait to begin treatment because of program capacity, treatment availability, admissions requirements, or other program requirements.

It should not include time delays caused by client unavailability or client failure to meet any requirement or obligation.

Data should be entered as, for example, 1 day = 001, 10 days = 010, etc.

RELATED FIELDS: None
FIELD LENGTH: 3
DATA TYPE: Numeric (right-aligned and filled with zeros)
REFERENCE NO. AND COLUMN(S):
Admission record: SuDS 15: 132-134

VARIABLE NAME: EDUCATION

DESCRIPTION:

Specifies the highest school grade completed (adults) or current school grade (children).

VALID ENTRIES

Code	Description
00-25	YEARS OF SCHOOL COMPLETED (ADULT) OR CURRENT GRADE (CHILDREN)
00	LESS THAN ONE SCHOOL GRADE
01 - 11	HIGHEST SCHOOL GRADE
12	HIGH SCHOOL OR GED
13	1 YEAR OF COLLEGE/UNIVERSITY
14	2 YEARS OF COLLEGE/UNIVERSITY OR ASSOCIATE DEGREE
15	3 YEARS OF COLLEGE/UNIVERSITY
16	BACHELOR'S DEGREE
17	SOME POSTGRADUATE STUDY – Degree not completed
18	MASTER'S DEGREE COMPLETED
19-25	POST-GRADUATE STUDY
70	GRADUATE OR PROFESSIONAL SCHOOL – Includes Master's and doctoral study or degrees, medical school, law school, etc. **This code may be used instead of detailed codes 17-25.**
71	VOCATIONAL SCHOOL – Includes business, technical, secretarial, trade, or correspondence courses which provide specialized training for skilled employment
97	UNKNOWN – Individual client value is unknown.
98	NOT COLLECTED – State does not collect this field.

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated.

GUIDELINES

Specify the highest educational level completed for clients no longer in school. Specify the current grade level for clients currently attending school.

RELATED FIELDS: None
REFERENCE NO.: MDS 12
FIELD LENGTH: 2

DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S):
Admission record: MDS 12: 68-69

VARIABLE NAME: EMPLOYMENT STATUS

DESCRIPTION:

Identifies the client's employment status

VALID ENTRIES

Code	Description
01	FULL TIME – Working 35 hours or more each week, including active duty members of the uniformed services
02	PART TIME – Working fewer than 35 hours each week
03	UNEMPLOYED – Looking for work during the past 30 days or on layoff from a job
04	NOT IN LABOR FORCE – Not looking for work during the past 30 days or a student, homemaker, disabled, retired, or an inmate of an institution. **Clients in this category are further defined in *Detailed Not in Labor Force*.**
97	UNKNOWN – Individual client value is unknown
98	NOT COLLECTED – State does not collect this field.
99	INVALID DATA – Contractor use. Warning error generated.

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated.

Detailed Not in Labor Force provides a detailed breakdown of the category *04 Not in labor force*. All records with this category should have an entry in ***Detailed Not in Labor Force***.

GUIDELINES

Employment Status is defined by SAMHSA as an outcome measure, and is collected at admission and at discharge to assess change.

Seasonal workers are coded based on employment status at the time of measurement. For a seasonal worker employed full time at the time of measurement, ***Employment Status*** should be coded *01 Full time*. A seasonal worker who is not in the labor force at the time of measurement should be coded *04 Not in labor force.*

If a state does not collect full-time and part-time employment separately, the code *01 Full time* should be used. States are asked to convert to the two categories when possible.

RELATED FIELDS: ***Detailed Not in Labor Force***
REFERENCE NO.: MDS 13, DIS 24
FIELD LENGTH: 2
DATA TYPE: Numeric

REFERENCE NO. AND COLUMN(S):
Admission record: MDS 13: 70-71

Discharge record:

VARIABLE NAME: HISPANIC OR LATINO ORIGIN (ETHNICITY)

DESCRIPTION:

Identifies client's specific Hispanic or Latino origin, if applicable

VALID ENTRIES

Code	Description
01	PUERTO RICAN – Of Puerto Rican origin regardless of race
02	MEXICAN – Of Mexican origin regardless of race
03	CUBAN – Of Cuban origin regardless of race
04	OTHER SPECIFIC HISPANIC OR LATINO – Of known Central or South American or any other Spanish culture or origin (including Spain), other than Puerto Rican, Mexican, or Cuban, regardless of race
05	NOT OF HISPANIC OR LATINO ORIGIN
06	HISPANIC OR LATINO –SPECIFIC ORIGIN NOT SPECIFIED – Of Hispanic or Latino origin, but origin not known or not specified
97	UNKNOWN – Individual client value is unknown.
98	NOT COLLECTED – State does not collect this field.

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated.

GUIDELINES

If a state collects Hispanic or Latino origin as "Yes/No," code ***Hispanic or Latino Origin (Ethnicity)*** for Hispanics or Latinos as *06 Hispanic or Latino, origin not specified*.

If a state collects Hispanic or Latino origin as a "Race" category, then ***Hispanic or Latino Origin (Ethnicity)*** should be coded as *06 Hispanic or Latino, origin not specified* and ***Race*** should be coded as *97 Unknown*.

RELATED FIELDS: ***Race***
REFERENCE NO.: MDS 11, DIS 20
FIELD LENGTH: 2
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S):
Admission record: MDS 11: 66-67

Discharge record: DIS 20: 114-115

VARIABLE NAME: FREQUENCY OF USE (OF PRIMARY, SECONDARY, TERTIARY SUBSTANCES)

DESCRIPTION:

Specifies the frequency of use of the corresponding substance identified in ***Substance Abuse Problem Code (Primary, Secondary, Tertiary)***.

VALID ENTRIES

Code	Description
01	NO USE IN THE PAST MONTH
02	1-3 DAYS IN THE PAST MONTH
03	1-2 DAYS IN THE PAST WEEK
04	3-6 DAYS IN THE PAST WEEK
05	DAILY
96	NOT APPLICABLE
97	UNKNOWN – Individual client value is unknown.
98	NOT COLLECTED – State does not collect this field.

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated.

GUIDELINES

Frequency of Use is defined by SAMHSA as an outcome measure, and is collected at admission and at discharge, with the related variable ***Substance Abuse Problem***, to assess change.

RELATED FIELDS: ***Substance Abuse Problem, Route of Administration, Age at First Use, Detailed Drug Code.***
FIELD LENGTH: 2
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S):

Admission record: MDS 16a: 76-77,MDS 16b: 84-85,MDS 16c: 92-93

Discharge record:DIS 22a: 122-123, DIS 22b: 124-125, DIS 22c: 126-127

VARIABLE NAME: SOURCE OF INCOME/SUPPORT

DESCRIPTION:

Identifies the client's principal source of financial support

VALID ENTRIES

Code	Description
01	WAGES/SALARY
02	PUBLIC ASSISTANCE
03	RETIREMENT/PENSION
04	DISABILITY
20	OTHER
21	NONE
97	UNKNOWN – Individual client value is unknown.
98	NOT COLLECTED – State does not collect this field. This code should also be used when the state collects only a subset of the categories.

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated.

GUIDELINES

This field is part of the Supplemental Data Set, and reporting of this field is optional. States are encouraged to report data for all categories in the list of valid entries, but reporting a subset of the categories is acceptable.

If the state collects a subset of the categories, clients not fitting the subset should be coded as *98 Not collected*. For example, if the state collects only *02 Public assistance*, all other categories of ***Source of Income/Support*** should be coded as *98 Not collected*.

If the state does not collect ***Source of Income/Support***, all records should be coded *8 Not collected*.

For children under 18, report the primary parental source of income/support.

RELATED FIELDS: None
FIELD LENGTH: 2
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S):

Admission record: SuDS 9: 120-121

VARIABLE NAME: MARITAL STATUS

DESCRIPTION:

Describes the client's marital status. The following categories are compatible with categories used in the U.S. Census.

VALID ENTRIES

Code	Description
01	NEVER MARRIED –Includes clients who are single or whose only marriage was annulled
02	NOW MARRIED – Includes married couples, those living together as married, living with partners, or cohabiting
03	SEPARATED – Includes those legally separated or otherwise absent from spouse because of marital discord
04	DIVORCED
05	WIDOWED
97	UNKNOWN – Individual client value is unknown.
98	NOT COLLECTED – State does not collect this field.

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated.

GUIDELINES

This field is part of the Supplemental Data Set, and reporting of this field is optional. If the state collects these data, data should be reported for all clients. If the state does not collect this field, records should be coded *98 Not collected.*

RELATED FIELDS: None
REFERENCE NO.: SuDS 14
FIELD LENGTH: 2
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S):

Admission record: SuDS 14: 130-131

VARIABLE NAME: PAYMENT SOURCE, PRIMARY (EXPECTED OR ACTUAL)

DESCRIPTION:

Identifies the primary source of payment for this treatment episode anticipated at the time of admission

VALID ENTRIES

Code	Description
01	SELF-PAY
02	BLUE CROSS/BLUE SHIELD
03	MEDICARE
04	MEDICAID
05	OTHER GOVERNMENT PAYMENTS
06	WORKER'S COMPENSATION
07	OTHER HEALTH INSURANCE COMPANIES
08	NO CHARGE – For example, free, charity, special research, or teaching
09	OTHER
97	UNKNOWN – Individual client value is unknown. This code should also be used if the state collects Medicare and Medicaid as a single category.
98	NOT COLLECTED – State does not collect this field. This code should also be used when the state collects only a subset of the categories.

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated.

GUIDELINES

This field is part of the Supplemental Data Set, and reporting of this field is optional. States are encouraged to report data for all categories in the list of valid entries, but reporting a subset of the categories is acceptable.

If the state collects a subset of the categories, clients not fitting the subset should be coded as *98 Not collected*. For example, if the state collects only *03 Medicare* and *04 Medicaid*, all other categories of ***Payment Source*** should be coded as *98 Not collected*.

If a state collects Medicare and Medicaid as a single category, ***Payment Source*** should be coded *97 Unknown*.

If the state does not collect ***Payment Source***, all records should be coded *98 Not collected*.

States operating under a split payment fee arrangement with multiple payment sources should default to the payment source with the largest percentage. When the payment percentages are equal, the state can select any source.

RELATED FIELDS: None
FIELD LENGTH: 2
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S):
Admission record: SuDS 11: 124-125

VARIABLE NAME: PREGNANT AT ADMISSION

DESCRIPTION:

Indicates whether a female client was pregnant at the time of admission.

VALID ENTRIES

Code	Description
1	YES – Female client was pregnant at admission.
2	NO – Female client was not pregnant at admission.
6	NOT APPLICABLE – Use this code for male clients.
7	UNKNOWN – Individual client value is unknown.
8	NOT COLLECTED – State does not collect this field.

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *9 Invalid data* and a warning error will be generated.

If ***Pregnant at Admission*** is *01 Yes* and the value of ***Gender*** is *01 Male*, this field is changed to *02 No*.

GUIDELINES

This field is part of the Supplemental Data Set, and reporting of this field is optional. If the state collects these data, data should be reported for all clients. If the state does not collect this field, records should be coded *8 Not collected.*

RELATED FIELDS: ***Gender***
FIELD LENGTH: 1
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S):
Admission record: SuDS 6: 116

VARIABLE NAME: CO-OCCURRING SUBSTANCE ABUSE AND MENTAL HEALTH DISORDERS

DESCRIPTION:

Indicates whether the client has co-occurring substance abuse and mental health disorders.

VALID ENTRIES

Code	Description
1	YES – Client has co-occurring substance abuse and mental health disorders
2	NO – Client does not have co-occurring substance abuse and mental health disorders
7	UNKNOWN – Individual client value is unknown.
8	NOT COLLECTED – State does not collect this field.

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *9 Invalid data* and a warning error will be generated.

GUIDELINES

This field is part of the Supplemental Data Set, and reporting of this field is optional. If the state collects these data, data should be reported for all clients. If the state does not collect this field, records should be coded *8 Not collected.*

The assessment of co-occurring substance abuse and mental health disorders may be based on clinical diagnoses, screening results, claims information, or self-report. The crosswalk should note whether the same method is used across the state or is determine by individual providers. If the method is state-wide, the crosswalk should specify the method.

RELATED FIELDS: None
FIELD LENGTH: 1
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S):
Admission record:

VARIABLE NAME: RACE

DESCRIPTION:

Identifies the client's race

VALID ENTRIES

Code	Description
01	ALASKA NATIVE (Aleut, Eskimo) – A person having origins in any of the original peoples of Alaska. **This category may be reported if available.**
02	AMERICAN INDIAN/ALASKA NATIVE – A person having origins in any of the original peoples of North America and South America (including Central America and the original peoples of Alaska) and who maintains tribal affiliation or community attachment. **States collecting Alaska Native should use this category for all other American Indians.**
13	ASIAN – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
23	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
03	ASIAN OR PACIFIC ISLANDER – A person having origins in any of the original peoples of the Far East, the Indian subcontinent, Southeast Asia, or the Pacific Islands. **This category may be used if a state does not collect Asian and Native Hawaiian or Other Pacific Islander separately.**
04	BLACK OR AFRICAN AMERICAN – A person having origins in any of the black racial groups of Africa
05	WHITE – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
20	OTHER SINGLE RACE – Use this category for instances in which the client is not identified in any category above or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories.
21	TWO OR MORE RACES – Use this code when the state data system allows multiple race selection and more than one race is indicated.
03	ASIAN OR PACIFIC ISLANDER – A person having origins in any of the original peoples of the Far East, the Indian subcontinent, Southeast Asia, or the Pacific Islands.
97	UNKNOWN – Individual client value is unknown.
98	NOT COLLECTED – State does not collect this field.

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated.

GUIDELINES

The Office of Management and Budget (OMB) does not include *Alaska Native* as one of its required categories. However, states that collect this category may report it as *01 Alaska Native* and use code *02 American Indian/Alaska Native* for other American Indians.

OMB requires that *Asian* and *Native Hawaiian or Pacific Islander* be collected as separate categories. However, if a state does not collect those categories, the older category *Asian or Pacific Islander* may be used.

If a state collects a single ***Race*** value, and includes *Hispanic or Latino* as a category, then for records with Hispanic or Latino race, ***Race*** should be coded as *97 Unknown* and ***Hispanic or Latino Origin (Ethnicity)*** should be coded as *06 Hispanic or Latino, origin not specified*.

If a state collects multiple races for a single client:

- If only one race is designated, use the code for that race. If that race is *Hispanic or Latino*, then ***Race*** should be coded as *97 Unknown* and ***Hispanic or Latino Origin (Ethnicity)*** should be coded as *06 Hispanic or Latino, origin not specified*
- If the state system collects a “primary” or “preferred” race among multiple races, use the code for that race
- If the state uses an algorithm to designate a “primary” race when multiple races have been specified, use the code for that race.
- If *Hispanic or Latino* is specified as one of two or more races and the state identifies a "primary" race other than *Hispanic or Latino*, use the code for that race.
- If *Hispanic or Latino* is specified as one of two or more races and the state identifies *Hispanic or Latino* as the "primary" race. ***Race*** should be coded as *97 Unknown* and ***Hispanic or Latino Origin (Ethnicity)*** should be coded as *06 Hispanic or Latino, origin not specified*.
- If two or more races have been specified and none of the above situations applies, use code *21 Two or more races*.

RELATED FIELDS: ***Hispanic or Latino Origin (Ethnicity)***
FIELD LENGTH: 2
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S):
Admission record: MDS 10: 64-65

Discharge record: DIS 19: 112-113

VARIABLE NAME: REPORTING DATE

DESCRIPTION:

Identifies the month and year of the record submission.

VALID ENTRIES

Code	Description
MMYYYY	MM must be 01 through 12

VALIDATION EDITS

If, in the first record in a file submission, this field does not match the value entered, the file will not be processed. A fatal error will be displayed in the processing report.

If this field is blank or contains an invalid value in subsequent records, the record will not be processed. A fatal error will be displayed in the processing report.

GUIDELINES

Every record in a single state submission must contain the same ***Reporting Date***.

RELATED FIELDS: None
FIELD LENGTH: 6
DATA TYPE: Numeric (MMYYYY)
REFERENCE NO. AND COLUMN(S):
Admission record: SDS 3: 4-9

Discharge record: DIS 3: 4-9

VARIABLE NAME: ROUTE OF ADMINISTRATION (OF PRIMARY, SECONDARY, TERTIARY SUBSTANCES)

DESCRIPTION:

Identifies the usual route of administration of the corresponding substance identified in ***Substance Abuse Problem (Primary, Secondary, Tertiary)***.

VALID ENTRIES

Code	Description
01	ORAL
02	SMOKING
03	INHALATION
04	INJECTION (intravenous, intramuscular, intradermal, or subcutaneous)
20	OTHER
96	NOT APPLICABLE
97	UNKNOWN – Individual client value is unknown.
98	NOT COLLECTED – State does not collect this field.

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated.

GUIDELINES

If the value in ***Substance Abuse Problem*** is *01 None*, this field should be coded *96 Not applicable*.

RELATED FIELDS: ***Substance Abuse Problem, Frequency of Use, Age at First Use, Detailed Drug Code***
FIELD LENGTH: 2
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S):
Admission record: MDS 15a: 74-75, MDS 15b: 82-83, MDS 15c: 90-91

VARIABLE NAME: ATTENDANCE AT SELF-HELP GROUPS IN PAST 30 DAYS

DESCRIPTION:

Indicates the frequency of attendance at a self-help group in the 30 days prior to the reference date (the date of admission or date of discharge)

VALID ENTRIES

Code	Description
01	NO ATTENDANCE
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 or more in the past 30 days
06	SOME ATTENDANCE – Number of times and frequency is unknown
97	UNKNOWN – Individual client value is unknown.
98	NOT COLLECTED – State does not collect this field.

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated.

GUIDELINES

Attendance at Self-Help Groups in the Past 30 Days is defined by SAMHSA as an outcome measure, and is collected at admission and at discharge to assess change.

For admission records, the reference period is the 30 days prior to admission. For discharge records, the reference period is the 30 days prior to discharge.

Includes attendance at Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and other self-help/mutual support groups focused on recovery from substance abuse and dependence.

Use *06 Some attendance* only if it is known that the client attended a self-help program during the reference period, but there is insufficient information to assign a specific frequency.

Use *97 Unknown* when it is not known whether the client attended a self-help program during the reference period.

RELATED FIELDS: None
FIELD LENGTH: 2
DATA TYPE: Numeric

REFERENCE NO. AND COLUMN(S):
Admission record: Suds 17: 137-138

Discharge record: DIS 27: 136-137

VARIABLE NAME: STATE CODE—KEY FIELD

DESCRIPTION:

Identifies the state submitting the record

VALID ENTRIES

Two-Character State Abbreviation

VALIDATION EDITS

If, in the first record in a file submission, this field does not match the value entered, the file will not be processed. A fatal error will be displayed in the processing report.

If this field is blank or contains an invalid value in subsequent records, the record will not be processed. A fatal error will be displayed in the processing report.

RELATED FIELDS: None
FIELD LENGTH: 2
DATA TYPE: Alphanumeric
REFERENCE NO. AND COLUMN(S):
Admission record: SDS 2: 2-3

Discharge record: DIS 2: 2-3

VARIABLE NAME: VETERAN STATUS

DESCRIPTION:

Indicates whether the client has served in the uniformed services (Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service Commissioned Corps, Coast and Geodetic Survey, etc.)

VALID ENTRIES

Code	Description
1	VETERAN
2	NOT A VETERAN
7	UNKNOWN – Individual client value is unknown.
8	NOT COLLECTED – State does not collect this field.

VALIDATION EDITS

If this field is blank or contains an invalid value, the value will be changed to *9 Invalid data* and a warning error will be generated.

GUIDELINES

This field is part of the Supplemental Data Set, and reporting of this field is optional. If the state collects these data, data should be reported for all clients. If the state does not collect this field, records should be coded *8 Not collected.*

A veteran is a person 16 years or over who has served (even for a short time), but is not now serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, Coast Guard, or Commissioned Corps of the U.S .Public Health Service or the National Oceanic and Atmospheric Administration, or who served as a Merchant Marine seaman during World War II. Per-sons who served in the National Guard or Military Reserves are classified as veterans only if they have ever been called or ordered to active duty (excluding the 4-6 months of initial training and yearly summer camps).

RELATED FIELDS: None
FIELD LENGTH: 1
DATA TYPE: Numeric
REFERENCE NO. AND COLUMN(S):
Admission record: SuDS 7: 117

VARIABLE NAME: CLIENT IDENTIFIER—KEY FIELD

DESCRIPTION:

Identifies the person receiving treatment

VALID ENTRIES

1 to 15 alphanumeric characters

VALIDATION EDITS

If this field is blank or contains an invalid value, the record will not be processed. A fatal error will be displayed in the processing report.

GUIDELINES

The ***Client Identifier*** should be unique within the state behavioral health treatment agency or, at a minimum, unique within the separate substance abuse and/or mental health agencies. The ***Client Identifier*** should be assigned once to a single individual and used for all subsequent transactions involving that individual. It should not contain HIPAA-protected health information (PHI) such as Social Security number, birth date, etc.

Please discuss the issue with the TEDS Project Office and ensure that your capability is noted on your crosswalk. In this way, we can maintain accurate data processing rules for analysts.

A *Substance Treatment Client* is a person who meets the following criteria:

- Has a substance abuse problem or is being treated as a codependent of a person with a substance abuse problem (see instructions for ***Codependent/Collateral)***.
- Has completed the screening and intake process ***and*** has been formally admitted for treatment or recovery service to a substance abuse treatment program.
- Has a client record.

A person who has completed only a screening or intake process or has been placed on a waiting list is ***not*** considered a client.

RELATED FIELDS: None
FIELD LENGTH: 15
DATA TYPE: Alphanumeric (left-justified and filled with blank spaces)
REFERENCE NO. AND COLUMN(S):
Admission record: MDS 2: 25-39

Discharge record: DIS 5: 25-39, DIS 12: 76-90

VARIABLE NAME: CLIENT TRANSACTION TYPE—KEY FIELD

DESCRIPTION:

Identifies whether a record is for an initial admission or a transfer/change in service.

VALID ENTRIES

Code	Description
A	INITIAL ADMISSION
T	TRANSFER/CHANGE IN SERVICE

VALIDATION EDITS

If this field is blank or contains an invalid value, the record will not be processed. A fatal error will be displayed in the processing report.

GUIDELINES

A TEDS treatment episode is defined as that period of service between the beginning of treatment for a substance abuse problem and the termination of services for the prescribed treatment plan. The episode includes one *Initial admission* (when services begin) and at least one discharge (when services end).

Within a treatment episode, a client may transfer to a different service type in the same or a different provider. This event should be reported as a *Transfer/change of service*. A *Transfer/change of service* record includes the same data fields as the *Initial admission* record, but has a ***Client Admission Transaction Type*** code of *T*.

All fields in the *Transfer/change of service* record should reflect values at the time of transfer except the following fields, which must have the same values as in the *Initial admission* record:

- ***Client ID***
- ***Codependent/Collateral***
- ***Date of Birth***
- ***Gender***
- ***Race***
- ***Ethnicity***

Date of Admission is defined as the date services begin after the transfer to another service or facility. If a field cannot be updated, it should contain the same value as the *Initial admission* record.

Each *Initial admission* and *Transfer/change of service* record should have an associated discharge record.

If *Initial admissions* and *Transfers/changes of service* cannot be identified in a state data system, or can be identified only within or between providers, such changes in service or facility should be reported as *Initial admissions*. A description of the reporting procedures must be noted in the crosswalk.

RELATED FIELDS: None
FIELD LENGTH: 1
DATA TYPE: Alphanumeric
REFERENCE NO. AND COLUMN(S):
Admission record: MDS 4: 41

Discharge record: DIS 14: 92