Client Level Data (CLD) Elements Crosswalk

Instructions for Completing Part 1

To facilitate review of the Organization/LGE Data Crosswalk, please do not alter the basic structure of this template. Organizations/LGEs are only allowed to add rows as is necessary in mapping the Organization/LGE data elements.

When reporting CLD data files, all data elements listed in the OBH CLD Instruction Manual must be reported following the record layout specified for each file.

In columns E and F of the Data Crosswalk Worksheet, insert the Organization/LGE data element (field) Number (when available) and the name of the Organization/LGE data element corresponding to the OBH Client-Level Data (CLD) element specified in Column B. Please note, you should not copy and paste any of the CLD codes/descriptions under the Organization/LGE code/descriptions except in rare occasions when the Organization/LGE uses the same codes/descriptions. Do not leave any rows blank.

For each data element, map all Organization/LGE categories and Organization/LGE codes by entering them in columns F and G such that the corresponding Client-level Data Set category and code are in the same row. Organization/LGE can use 'Not Used' labels in their mapping. Please note the appropriate use of this term as illustrated below.

Labeling a category that is not used: If no Organization/LGE category corresponds to a CLD category, label the category as 'Not Used.' For example, under the Residential Status data element, there is a CLD category of "Crisis Residence." If there is no such facility in the Organization/LGE that corresponds to Crisis Residence, then put "**Not Used**" in the Organization/LGE data item description column.

Labeling a data element that is collected only for certain population: If a data element is not collected for all served population, please provide a brief description for whom the information is not collected. For example, if the Organization/LGE is not collecting outcome data (ex. employment status) for all non-SMI population who receive services, state this in the comment column of the crosswalk. Please note the corresponding coding procedure for this subpopulation (see Mapping to a CLD 'Not Collected' code).

Mapping to a CLD 'Unknown' code: Map the corresponding Organization/LGE code/description if the Organization/LGE uses specific coding procedure for unknown values. Or if the Organization/LGE allows for blank or null fields in their system, specify in the comment column "this code will be used when values are blank or null." Or if the Organization/LGE does not allow reporting of unknown values, specify in the comment column "value will be reported for all clients."

Mapping of Organization/LGE codes from 2 or more databases: If the codes are the same, show only one mapping. If the codes are different, distinguish the mapping by the database. For example, to report race, community-based programs do not use Hispanics as a race but residential does. Map by using the label 'Not Used' and in the comment column specify "community-programs." Add another row and map the appropriate Organization/LGE Code and Organization/LGE Code Description to the CLD 'Hispanics' in the race data element. Under the comment column, specify "Residential".

OBH FIELD NUMBER	CODE	DATA ITEM DESCRIPTION/VALUE LABEL	EHR FIELD NUMBER	CODE	DATA ITEM DESCRIPTION/VALUE LABEL	COMMENT
H-01	ORGANIZATION_REPORTING_ CODE					
		CHARACTER CODE				
H-02	FILE_TYPE					
	P	PRODUCTION-USED FOR PRODUCTION SUBMISSION				
	T	TEST-USED FOR TEST SUBMISSION				
H-03	DATE					
		2-DIGIT MONTH FOLLOWED BY 2-DIGIT DAY FOLLOWED BY 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT				
H-04	BEGINNING_REPORT_PERIOD					
		2-DIGIT MONTH FOLLOWED BY 2-DIGIT DAY FOLLOWED BY 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT				
H-05	ENDING_REPORT_PERIOD					
		2-DIGIT MONTH FOLLOWED BY 2-DIGIT DAY FOLLOWED BY 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT				
H-06	CLIENT_RECORD_COUNT					
		UP TO 8 DIGITS				
H-07	EPISODE_RECORD_COUNT					
		UP TO 8 DIGITS				
H-08	ASSESSMENT_RECORD_ COUNT					
		UP TO 8 DIGITS				
H-10	SERVICE_RECORD_COUNT					
		UP TO 8 DIGITS				
CLIENT TABLE						
C-01	CITY					

		UP TO 20 CHARACTERS				
C-02	CLUID(KEY)					
		A UNIQUE NUMERIC IDENTIFIER, UP TO 18 DIGITS				
C-03	IRS_DEP_NUM					
	1	IF CLIENT CLAIMS THEMSELVES, INCOME TAX IS NOT FILED, OR CLIENT IS A MINOR CHILD				
	02–99					
C-04	DOB					
		2-DIGIT MONTH FOLLOWED BY 2-DIGIT DAY FOLLOWED BY 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT				
C-05	ETHNICITY					
	1	CENTRAL OR SOUTH AMERICAN				
	2	CUBAN				
	3	HISPANIC OR LATINO				
	4	HISPANIC OR LATINO, UNKNOWN ORIGIN				
	5	MEXICAN / MEXICAN AMERICAN				
	6	NON-HISPANIC OR NON-LATINO				
	7	PUERTO RICAN				
	98	UNKNOWN				
C-07	GENDER					
	1	MALE				
	2	FEMALE				
	3	PERSON (TRANSGENDER)				
C-08	HEALTH_INS					
	01	BLUE CROSS / BLUE SHIELD (BCBS)				
	02	CHAMPUS				
	03	HEALTH MAINTENANCE ORGANIZATION (HMO)				

	04	MEDICAID				
	05	MEDICARE				
	06	NONE				
	07	OTHER (e.g. TRICARE)				
	08	PRIVATE INSURANCE (Other than Blue Cross/Blue Shield or an HMO)				
	09	VA				
C-09	HEALTH_INS_SEC					
	01	BLUE CROSS / BLUE SHIELD (BCBS)				
	02	CHAMPUS				
	03	HEALTH MAINTENANCE ORGANIZATION (HMO)				
	04	MEDICAID				
	05	MEDICARE				
	06	NONE				
	07	OTHER (e.g. TRICARE)				
	08	PRIVATE INSURANCE (Other than Blue Cross/Blue Shield or an HMO)				
	09	VA				
C-10	HH_INCOME_1					
	01	NONE				
	02	WAGES/SALARY				
	06	SOCIAL SECURITY/RAILROAD INSURANCE				
	07	SSI, FITAP, OTHER PUBLIC ASSISTANCE				
	08	OTHER				
	09	RETIREMENT/ PENSION				
	10	DISABILITY				
C-11	HH_INCOME_2					
	01	NONE				

	02	WAGES/SALARY				
	06	SOCIAL SECURITY/RAILROAD INSURANCE				
	07	SSI, FITAP, OTHER PUBLIC ASSISTANCE				
	08	OTHER				
	09	RETIREMENT/ PENSION				
	10	DISABILITY				
C-12	HH_INCOME_3					
	01	NONE				
	02	WAGES/SALARY				
	06	SOCIAL SECURITY/RAILROAD INSURANCE				
	07	SSI, FITAP, OTHER PUBLIC ASSISTANCE				
	08	OTHER				
	09	RETIREMENT/ PENSION				
	10	DISABILITY				
C-13	HH_INCOME_4					
	01	NONE				
	02	WAGES/SALARY				
	06	SOCIAL SECURITY/RAILROAD INSURANCE				
	07	SSI, FITAP, OTHER PUBLIC ASSISTANCE				
	08	OTHER				
	09	RETIREMENT/ PENSION				
	10	DISABILITY				
C-14	HH_INCOME_5					
	01	NONE				
	02	WAGES/SALARY				
	06	SOCIAL SECURITY/RAILROAD INSURANCE				

	07	SSI, FITAP, OTHER PUBLIC ASSISTANCE				
	08	OTHER				
	09	RETIREMENT/ PENSION				
	10	DISABILITY				
C-15	HH_INCOME_6					
	01	NONE				
	02	WAGES/SALARY				
	06	SOCIAL SECURITY/RAILROAD INSURANCE				
	07	SSI, FITAP, OTHER PUBLIC ASSISTANCE				
	08	OTHER				
	09	RETIREMENT/ PENSION				
	10	DISABILITY				
C-16	HH_INCOME_7					
	01	NONE				
	02	WAGES/SALARY				
	06	SOCIAL SECURITY/RAILROAD INSURANCE				
	07	SSI, FITAP, OTHER PUBLIC ASSISTANCE				
	08	OTHER				
	09	RETIREMENT/ PENSION				
	10	DISABILITY				
C-17	HH_INCOME_8					
	01	NONE				
	02	WAGES/SALARY				
	06	SOCIAL SECURITY/RAILROAD INSURANCE				
	07	SSI, FITAP, OTHER PUBLIC ASSISTANCE				
	08	OTHER				

	09	RETIREMENT/ PENSION				
	10	DISABILITY				
C-21	INC_OTHER					
	0	NO INCOME FROM OTHERWISE UNCLASSIFIED SOURCES				
		NUMERIC DOLLAR AMOUNT ROUNDED TO THE NEAREST WHOLE DOLLAR				
C-22	INC_PUBA					
	0	NO INCOME FROM OTHERWISE UNCLASSIFIED SOURCES				
		NUMERIC DOLLAR AMOUNT ROUNDED TO THE NEAREST WHOLE DOLLAR				
C-23	INC_SSRR					
	0	NO INCOME FROM OTHERWISE UNCLASSIFIED SOURCES				
		NUMERIC DOLLAR AMOUNT ROUNDED TO THE NEAREST WHOLE DOLLAR				
C-25	INC_WAGE					
	0	NO INCOME FROM OTHERWISE UNCLASSIFIED SOURCES				
		NUMERIC DOLLAR AMOUNT ROUNDED TO THE NEAREST WHOLE DOLLAR				
C-26	LANGUAGE1					
	01	ENGLISH				
	02	SPANISH				
	03	FRENCH				
	04	VIETNAMESE				
	05	CHINESE				
	06	HINDI OR A RELATED LANGUAGE				
	07	HEBREW				
	08	GERMAN				
	09	RUSSIAN				
	10	ARABIC				
	11	PORTUGUESE				

	12	OTHER
C-27	MONTHLY_INCOME	
	0	NO INCOME FROM OTHERWISE UNCLASSIFIED SOURCES
		NUMERIC DOLLAR AMOUNT ROUNDED TO THE NEAREST WHOLE DOLLAR
C-29	NAME_F	
		UP TO 35 CHARACTERS
C-30	NAME_L	
		UP TO 35 CHARACTERS
C-31	NAME_M	
		FIRST CHARACTER OF CLIENT'S MIDDLE NAME
C-32	NAME_S	
		JR, SR, I, II, III, IV, V, VI, VII, VIII, OR IX
C-33	PARISH	
	01	ACADIA
	02	ALLEN
	03	ASCENSION
	04	ASSUMPTION
	05	AVOYELLES
	06	BEAUREGARD
	07	BIENVILLE
	08	BOSSIER
	09	CADDO
	10	CALCASIEU
	11	CALDWELL
	12	CAMERON
	13	CATAHOULA

	14	CLAIBORNE
	15	CONCORDIA
	16	DESOTO
	17	EAST BATON ROUGE
	18	EAST CARROLL
	19	EAST FELICIANA
	20	EVANGELINE
	21	FRANKLIN
	22	GRANT
	23	IBERIA
	24	IBERVILLE
	25	JACKSON
	26	JEFFERSON
	27	JEFFERSON DAVIS
	28	LAFAYETTE
	29	LAFOURCHE
	30	LASALLE
	31	LINCOLN
	32	LIVINGSTON
	33	MADISON
	34	MOREHOUSE
	35	NATCHITOCHES
	36	ORLEANS
	37	OUACHITA
	38	PLAQUEMINES
	39	POINTE COUPEE

	40	RAPIDES
	41	RED RIVER
	42	RICHLAND
	43	SABINE
	44	ST. BERNARD
	45	ST. CHARLES
	46	ST. HELENA
	47	ST. JAMES
	48	ST. JOHN THE BAPTIST
	49	ST. LANDRY
	50	ST. MARTIN
	51	ST. MARY
	52	ST. TAMMANY
	53	TANGIPAHOA
	54	TENSAS
	55	TERREBONNE
	56	UNION
	57	VERMILLION
	58	VERNON
	59	WASHINGTON
	60	WEBSTER
	61	WEST BATON ROUGE
	62	WEST CARROLL
	63	WEST FELICIANA
	64	WINN
	99	OUT-OF-STATE

C-34	RACE					
	1	ALASKAN NATIVE (ALEUT, ESKIMO, INDIAN)				
	2	AMERICAN INDIAN				
	3	ASIAN				
	5	BLACK/AFRICAN AMERICAN				
	7	NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER				
	8	OTHER SINGLE RACE				
	9	UNKNOWN				
	10	WHITE				
C-35	RACE2					
	1	ALASKAN NATIVE (ALEUT, ESKIMO, INDIAN)				
	2	AMERICAN INDIAN				
	3	ASIAN				
	5	BLACK/AFRICAN AMERICAN				
	7	NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER				
	8	OTHER SINGLE RACE				
	9	UNKNOWN				
	10	WHITE				
C-36	RACE3					
	1	ALASKAN NATIVE (ALEUT, ESKIMO, INDIAN)				
	2	AMERICAN INDIAN				
	3	ASIAN				
	5	BLACK/AFRICAN AMERICAN				
	7	NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER				
	8	OTHER SINGLE RACE				
	9	UNKNOWN				

	10	WHITE				
C-37	RACE4					
	1	ALASKAN NATIVE (ALEUT, ESKIMO, INDIAN)				
	2	AMERICAN INDIAN				
	3	ASIAN				
	5	BLACK/AFRICAN AMERICAN				
	7	NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER				
	8	OTHER SINGLE RACE				
	9	UNKNOWN				
	10	WHITE				
C-38	SEXUAL_ORIENTATION					
	01	ASEXUAL				
	02	BISEXUAL				
	03	GAY				
	04	HETEROSEXUAL				
	05	LESBIAN				
	06	QUESTIONING				
	07	DECLINE TO ANSWER				
	08	NOT APPLICABLE DUE TO AGE				
C-39	PAY_SOURCE_1					
	01	CHAMPUS				
	02	DRUG COURT				
	03	FITAP				
	05	MEDICARE				
	06	MEDICARE REPLACEMENT				
	07	MEDICARE SUPPLEMENTAL				

	09	NO FEE				
	11	OTHER PUBLIC RESOURCES				
	12	PERSONAL RESOURCES				
	13	PRIVATE HEALTH INSURANCE				
	15	TANF				
	17	VA				
	21	Medicaid-Aetna Better Health				
	22	Medicaid-Healthy Blue				
	23	Medicaid-AmeriHealth Caritas				
	24	Medicaid-Louisiana Healthcare Connections				
	25	Medicaid-UnitedHealthcare				
	26	Medicaid-Other				
	30	State invoice for reimbursement				
C-40	PAY_SOURCE_2					
	01	CHAMPUS				
	02	DRUG COURT				
	03	FITAP				
	05	MEDICARE				
	06	MEDICARE REPLACEMENT				
	07	MEDICARE SUPPLEMENTAL				
	09	NO FEE PAYMENT				
	11	OTHER PUBLIC RESOURCES				
	12	PERSONAL RESOURCES				
	13	PRIVATE INSURANCE				
	15	TANF				
	17	VA				

	21	Medicaid-Aetna Better Health
	22	Medicaid-Healthy Blue
	23	Medicaid-AmeriHealth Caritas
	24	Medicaid-Louisiana Healthcare Connections
	25	Medicaid-UnitedHealthcare
	26	Medicaid-Other
	30	State invoice for reimbursement
C-41	PAY_SOURCE_3	
	01	CHAMPUS
	02	DRUG COURT
	03	FITAP
	05	MEDICARE
	06	MEDICARE REPLACEMENT
	07	MEDICARE SUPPLEMENTAL
	09	NO FEE
	11	OTHER PUBLIC RESOURCES
	12	PERSONAL RESOURCES
	13	PRIVATE HEALTH INSURANCE
	15	TANF
	17	VA
	21	Medicaid-Aetna Better Health
	22	Medicaid-Healthy Blue
	23	Medicaid-AmeriHealth Caritas
	24	Medicaid-Louisiana Healthcare Connections
	25	Medicaid-UnitedHealthcare
	26	Medicaid-Other

	30	State invoice for reimbursement				
C-42	SSN					
		9-DIGIT NUMERIC SOCIAL SECURITY NUMBER WITHOUT THE DASHES				
C-43	VA_ELIG					
	1	IS QUALIFIED				
	2	IS NOT QUALIFIED				
	3	IS A QUALIFIED DEPENDENT				
C-44	VA_ST					
	1	NO				
	2	YES				
C-45	ZIP					
		CLIENT'S NINE-DIGIT POSTAL ZIP CODE (NO DASHES)				
C-46	REGION					
	2	CAPITAL AREA HUMAN SERVICES DISTRICT (CAHSD)				
	3	SOUTH CENTRAL HUMAN SERVICES AUTHORITY (SCLHSA)				
	4	ACADIANA AREA HUMAN SERVICES DISTRICT (AAHSD)				
	5	IMPERIAL CALCASIEU HUMAN SERVICES AUTHORITY (ImCal HSA)				
	6	CENTRAL LOUISIANA HUMAN SERVICES DISTRICT (CLHSD)				
	7	NORTHWEST LOUISIANA HUMAN SERVICES DISTRICT (NLHSD)				
	8	NORTHEAST DELTA HUMAN SERVICES AUTHORITY (NDHSA)				
	9	FLORIDA PARISHES HUMAN SERVICE AUTHORITY (FPHSA)				
	10	JEFFERSON PARISH HUMAN SERVICE AUTHORITY (JPHSA)				
	11	METROPOLITAN HUMAN SERVICES DISTRICT (MHSD)				
EPISODE TABLE						
E-01	ADDICTIONTYPE					
	1	ALCOHOL				

	2	DRUGS				
	3	ALCOHOL AND DRUGS				
	4	GAMBLING				
	5	NONE				
	99	OTHER				
E-05	EPISODE_AGENCY_UID					
		A UNIQUE NUMERIC IDENTIFIER, UP TO 18 DIGITS				
E-06	ASSIGN_PV					
		UP TO 10-DIGIT CODE				
E-08	CLUID					
		A UNIQUE NUMERIC IDENTIFIER, UP TO 18 DIGITS				
E-09	CONT_DT					
		2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.				
E-10	CONT_RES					
	01	BEHAVIORAL HEALTH SERVICES-REGARDING SELF				
	02	BEHAVIORAL HEALTH SERVICES-REGARDING SIGNIFICANT OTHER				
	03	CRISIS INTERVENTION-SELF				
	04	CRISIS INTERVENTION - COLLATERAL				
	07	SERVICE CONTINUATION				
E-11	DC_DATE (KEY)					
		EIGHT DIGIT DATE OF DISCHARGE. 2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.				
E-17	DISPOSITON					
	01	ADMISSION				
	02	APPOINTMENT SCHEDULED				
	03	REFERRED ELSEWHERE				

	04	NO FURTHER SERVICE REQUESTED				
	05	NO FURTHER SERVICE REQUIRED				
	06	EDUCATION PROGRAM				
	08	INITIAL ASSESSMENT ONLY				
E-18	ED_LEVEL					
	00	NO YEARS OF SCHOOLING				
	01	GRADE 1				
	02	GRADE 2				
	03	GRADE 3				
	04	GRADE 4				
	05	GRADE 5				
	06	GRADE 6				
	07	GRADE 7				
	08	GRADE 8				
	09	GRADE 9				
	10	GRADE 10				
	11	GRADE 11				
	12	GRADE 12				
	13	NURSERY SCHOOL, PRE-SCHOOL (INCLUDING HEAD START)				
	14	KINDERGARTEN				
	15	SELF-CONTAINED SPECIAL EDUCATION CLASS (No equivalent grade level)				
	16	VOCATIONAL SCHOOL (See guidelines for definition)				
	17	COLLEGE UNDERGRADUATE FRESHMAN (1ST Year)				
	18	COLLEGE UNDERGRADUATE SOPHMORE (2nd Year)				
	19	COLLEGE UNDERGRADUATE JUNIOR (3rd Year)				
	20	BACHELOR DEGREE				

	21	GRADUATE OR PROFESSIONAL SCHOOL (e.g., Master's, Doctoral, Medical or Law School)				
	97	UNKNOWN				
E-19	ED_LEVEL_UPDATE					
		2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.				
E-20	EMPL_ST					
	01	DISABLED				
	02	EMPLOYED FULL TIME				
	03	EMPLOYED PART TIME				
	04	HOMEMAKER				
	05	IN ARMED FORCES				
	06	IN HOSPITAL				
	07	JAIL/PRISON/TRAINING INST.				
	08	OCCASIONAL/SEASONAL WORKER				
	09	OTHER				
	10	RETIRED				
	11	SHELTERED/NON-COMPETITIVE EMPLOYMENT				
	12	STUDENT OR PRESCHOOL CHILD				
	14	UNEMPLOYED (LOOKING)				
	15	UNEMPLOYED (NOT LOOKING)				
	16	UNEMPLOYED (LAYOFF)				
	98	UNKNOWN				
E-21	EMPL_STATUS_UPDATE					
		2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.				
E-22	EPISODE_UID (KEY)					
		A UNIQUE NUMERIC IDENTIFIER, UP TO 18 DIGITS				

E-23	FREQ_ATTN (SELF-HELP ACTIVITIES FOR SA AND CO-OCURRING DISORDER ONLY)					
	1	NO ATTENANCE IN THE PAST MONTH				
	2	1 - 3 TIMES IN THE PAST MONTH				
	3	4 - 7 TIMES IN THE PAST MONTH				
	4	8 - 15 TIMES IN THE PAST MONTH				
	5	16 - 30 TIMES IN THE PAST MONTH				
	6	SOME ATTENDANCE, BUT FREQUENCY UNKNOWN				
	7	NOT APPLICABLE - CLIENT NOT RECEIVING SA TREATMENT				
E-24	FREQ_ATTEND_UPDATE					
		2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.				
E-25	HSE_COMP					
	01	ADULT ONLY				
	02	ADULT (RELATIVES)				
	03	ADULT (NON-RELATIVE)				
	04	CHILD (BOTH PARENTS)				
	05	CHILD (ONE PARENT)				
	06	CHILD (OTHER RELATIVE)				
	07	CHILD (FOSTER FAMILY)				
	08	CHILD (NON-RELATIVE)				
	98	UNKNOWN				
E-26	INTERVIEW_DT					
		2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.				
E-28	LEGAL_STATUS					
	1	EMERGENCY CERTIFICATION				
	2	JUDICIAL				

	3	NON-CONTESTED				
	4	NONE				
	5	VOLUNTARY				
	6	COURT ORDER DWI 1ST or 2ND OFFENSE				
	7	COURT ORDER / NON DWI / DRUG COURT				
	8	COURT ORDER DWI 3RD OFFENSE CONVICTION				
	9	COURT ORDER DWI 4TH OFFENSE CONVICTION				
	10	DWI 3RD PENDING				
	11	DWI 4TH PENDING				
E-29	MARITAL_STATUS					
	1	NEVER MARRIED				
	2	MARRIED				
	4	SEPARATED				
	5	DIVORCED				
	6	WIDOWED				
	7	UNKNOWN				
E-30	MARITAL_STATUS_UPDATE					
		2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.				
E-31	METHADONE (SA ONLY)					
	1	YES				
	2	NO				
E-32	SERV_PROGRAM (PROGRAM ELEMENT or LOC)					
	03	CRISIS UNIT				
	06	HALFWAY / 3-QTR HOUSE/CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL TREATMENT (ASAM 3.1)				
	08	INTENSIVE OUTPATIENT (ASAM 2.1)				

	09	MEDICAL DETOXIFICATION / HOSPITAL SETTING (24-HOUR) MEDICALLY MONITORED RESIDENTIAL DETOXIFICATION (ASAM 3.7-WM)				
	10	MEDICALLY SUPPORTED DETOXIFICATION / NON-HOSPITAL (24-HOUR)				
	12	OUTPATIENT (ASAM 1)				
	13	PARTIAL CARE/DAY TRT/PARTIAL HOSPITALIZATION (ASAM 2.5)				
	14	RECOVERY HOME				
	16	SOCIAL DETOXIFICATION/CLINICALLY MANAGED RESIDENTIAL SOCIAL DETOXIFICATION (ASAM 3.2-WM)				
	18	THERAPEUTIC COMMUNITY - STRUCTURED - LONG TERM/CLINICALLY MANAGED INTENSITY RESIDENTIAL TREATMENT-ADULT (ASAM 3.3)				
	19	TRANSITIONAL LIVING FACILITY				
	20	INPATIENT SA- ADULT- SHORT TERM (<30DAYS)/CLINICALLY MANAGED HIGH INTENSITY RESIDENTIAL TREATMENT-ADULT (ASAM 3.5)				
	21	INPATIENT SA- ADOLESCENT- LONG TERM (>30DAYS)/CLINICALLY MANAGED HIGH INTENSITY				
	22	EARLY INTERVENTION (ASAM 0.5)				
	23	AMBULATORY WITHDRAWAL MANAGEMENT WITHOUT EXTENDED ON-SITE MONITORING (ASAM 1-WM)				
	24	AMBULATORY WITHDRAWAL MANAGEMENT WITH EXTENDED ON-SITE MONITORING (ASAM 2-WM)				
	25	MEDICALLY MANAGED INTENSIVE INPATIENT WITHDRAWAL (ASAM 4-WM)				
E-33	PREGNANT					
	1	YES				
	2	NO				
E-34	PRIMARY_TARGET_GROUP					
	1	MENTAL HEALTH				
	2	SUBSTANCE ABUSE				
	3	CO-OCCURRING				
E-37	PRIOR_MH (SA ONLY)					
	1	YES				
	2	NO				

E-38	PRIOR_TX_EPISODES (SA ONLY)					
	00	0 EPISODES				
	01	1 EPISODE				
	02	2 EPISODES				
	03	3 EPISODES				
	04	4 EPISODES				
	05	5 EPISODES				
	06	6 EPISODES				
	07	7 EPISODES				
	08	8 EPISODES				
	09	9+ EPISODES				
	97	UNKNOWN				
E-40	PROGRAM_TYPE					
	02	ASSERTIVE COMMUNITY TX (ACT)-EBP				
	10	FAMILY PSYCHO-EDUCATION-EBP				
	13	FUNCTIONAL FAMILY THERAPY-EBP				
	15	ILLNESS MGMT./RECOVERY-EBP				
	16	INTEGR. TX CO-OCCUR DISORDER-EBP				
	19	MEDICATION MANAGEMENT-EBP				
	21	MULTISYSTEMIC THERAPY EBP				
	28	SUPPORTED EMPLOYMENT-EBP				
	30	SUPPORTED HOUSING-EBP				
	31	THERAPEUTIC FOSTER CARE-EBP				
	32	NONE				
E-42	REF_SRCE					
	1	BUREAU OF PRISONS / FEDERAL PROBATION & PAROLE				

	2	CHILD/ADULT PROTECTION PROGRAM
	3	CLERGY
	4	CORONER/OPC/PEC/LEGAL
	5	COURT/CRIM JUSTICE CITY PARISH
	6	COURT/CRIM JUSTICE STATE
	7	DIVERSIONARY PROGRAM
	8	DRUG COURT
	9	DUI / DWI
	11	EMPLOYER/EAP
	12	FAMILY/FRIEND
	13	FITAP
	14	GAMBLING TX REFERRAL PROGRAM
	15	GENERAL HOSPITAL
	17	INPATIENT PSYCHIATRIC FACILITY
	19	INPATIENT SA FACILITY
	23	NURSING HOME/EXTENDED CARE
	24	OCS/NON-TANF
	25	OCS/TANF
	26	OTHER PRIVATE PHYSICIAN
	27	OTHER SOURCE OF REFERRAL
	28	OTHER STATE AGENCY
	34	PRIVATE MH PRACTITIONER
	35	PRIVATE PSYCHIATRIST
	36	SCHOOL/EDUCATION PROGRAM
	37	SELF
	38	SHELTER FOR HOMELESS/ABUSED

	39	TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)				
	41	TANF-RESIDENTIAL WOMEN AND DEPENDENT CHILDREN PROGRAM				
	42	OUTPATIENT MENTAL HEALTH FACILITY/CLINIC				
	43	OUTPATIENT SA				
	98	UNKNOWN				
E-43	RES_TYPE					
	3	PRIVATE RESIDENCE- DEPENDENT LIVING				
	4	GROUP HOME, HALFWAY HOUSE, REHABILITATION CENTER				
	5	HOMELESS/SHELTER				
	6	HOSPITAL				
	7	PRIVATE RESIDENCE- INDEPENDENT LIVING				
	8	JAIL/PRISON/TRAINING INST.				
	9	NO PERMANENT RESIDENCE				
	10	NURSING HOME OR INTERMEDIATE CARE FACILITY				
	11	OTHER QUARTERS				
	12	RESIDENTIAL HOTEL				
	16	WITH FAMILY/ EXTENDED FAMILY/NON-RELATIVE				
	17	FOSTER HOME/ FOSTER CARE				
	98	UNKNOWN				
E-44	RES_TYPE_UPDATE					
		2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.				
E-45	TERMTYPE					
	1	ADMINISTRATIVELY DISCHARGED				
	2	APPROPRIATE SERVICES NOT AVAIL, CLIENT REFERRED ELSEWHERE BUT REJECTED				
	3	APPROPRIATE SERVICES NOT AVAILABLE, CLIENT REFERRED ELSEWHERE				
	4	CLIENT DID NOT FOLLOW-UP FOR AFTERCARE APPOINTMENT				

	5	CLIENT DID NOT KEEP FOLLOW-UP APPOINTMENT(S)				
	6	CLIENT DIED				
	7	CLIENT INCARCERATED, NOT AVAILABLE FOR TREATMENT				
	8	CLIENT LEFT TX PRIOR TO COMPLETION, FURTHUR TX NEEDED, REJECTED BY CT				
	9	CLIENT MOVED, CONTACT N/A				
	10	CLIENT REFERRED ELSEWHERE				
	11	COMPLETED PROGRAM, NO FURTHER TX REQUIRED				
	12	COMPLETED TX, CLIENT REFERRED TO NEXT LOC				
	13	COMPLETED TX, CLIENT REFERRED TO NEXT LOC, BUT REJECTED BY CT				
	15	DISCHARGED - COURT ORDER				
	16	NO FURTHER TREATMENT NEEDED/APPROPRIATE REFERRAL NOT AVAILABLE				
	18	TREATMENT INTERRUPTED DUE TO NATURAL DISASTER				
	19	CLIENT LOST TO CONTACT				
	20	NO FURTHER TREATMENT NEEDED IN FACILITY/REFERRED ELSEWHERE				
E-51	EPISODE_START_DATE					
		2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.				
E-53	WOMAN_DEP					
	1	YES				
	2	NO				
	3	NOT APPLICABLE (MALE CLIENT)				
E-54	NUM_DEP_CHILD					
		0-25				
E-55	REGION					
	2	CAPITAL AREA HUMAN SERVICES DISTRICT (CAHSD)				
	3	SOUTH CENTRAL HUMAN SERVICES AUTHORITY (SCLHSA)				
	4	ACADIANA AREA HUMAN SERVICES DISTRICT (AAHSD)				

	5	IMPERIAL CALCASIEU HUMAN SERVICES AUTHORITY (ImCal HSA)				
	6	CENTRAL LOUISIANA HUMAN SERVICES DISTRICT (CLHSD)				
	7	NORTHWEST LOUISIANA HUMAN SERVICES DISTRICT (NLHSD)				
	8	NORTHEAST DELTA HUMAN SERVICES AUTHORITY (NDHSA)				
	9	FLORIDA PARISHES HUMAN SERVICE AUTHORITY (FPHSA)				
	10	JEFFERSON PARISH HUMAN SERVICE AUTHORITY (JPHSA)				
	11	METROPOLITAN HUMAN SERVICES DISTRICT (MHSD)				
E-56	EPISODE_AGENCY_NAME					
		AGENCY NAME				
E-57	PROGRAM_TYPE_2					
	02	ASSERTIVE COMMUNITY TX (ACT)-EBP				
	10	FAMILY PSYCHO-EDUCATION-EBP				
	13	FUNCTIONAL FAMILY THERAPY-EBP				
	15	ILLNESS MGMT./RECOVERY-EBP				
	16	INTEGR. TX CO-OCCUR DISORDER-EBP				
	19	MEDICATION MANAGEMENT-EBP				
	21	MULTISYSTEMIC THERAPY EBP				
	28	SUPPORTED EMPLOYMENT-EBP				
	30	SUPPORTED HOUSING-EBP				
	31	THERAPEUTIC FOSTER CARE-EBP				
	32	NONE				
E-58	PROGRAM_TYPE_3					
	02	ASSERTIVE COMMUNITY TX (ACT)-EBP				
	10	FAMILY PSYCHO-EDUCATION-EBP				
	13	FUNCTIONAL FAMILY THERAPY-EBP				
	15	ILLNESS MGMT./RECOVERY-EBP				

	16	INTEGR. TX CO-OCCUR DISORDER-EBP
	19	MEDICATION MANAGEMENT-EBP
	21	MULTISYSTEMIC THERAPY EBP
	28	SUPPORTED EMPLOYMENT-EBP
	30	SUPPORTED HOUSING-EBP
	31	THERAPEUTIC FOSTER CARE-EBP
	32	NONE
E-59	PROGRAM_TYPE_4	
	02	ASSERTIVE COMMUNITY TX (ACT)-EBP
	10	FAMILY PSYCHO-EDUCATION-EBP
	13	FUNCTIONAL FAMILY THERAPY-EBP
	15	ILLNESS MGMT./RECOVERY-EBP
	16	INTEGR. TX CO-OCCUR DISORDER-EBP
	19	MEDICATION MANAGEMENT-EBP
	21	MULTISYSTEMIC THERAPY EBP
	28	SUPPORTED EMPLOYMENT-EBP
	30	SUPPORTED HOUSING-EBP
	31	THERAPEUTIC FOSTER CARE-EBP
	32	NONE

ASSESSMENT TABLE

A-01	ARRESTS	
		00-30
A-02	ARRESTS_UPDATE	
		2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT
A-03	ASSESS_DT	

		2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT				
A-07	ASSESS_TYPE					
	1	INITIAL				
	2	UPDATE				
	3	DISCHARGE				
A-27	CP_ALCOHOL					
	1	YES				
	0	NO				
A-29	CP_DRUGS					
	1	YES				
	0	NO				
A-44	DISABILITY_1					
	01	AMPUTEE				
	02	ASTHMA, EMPHYSEMA OR OTHER BREATHING DIFFICULTY				
	03	DEVELOPMENTAL DISABILITY				
	04	HEARING IMPAIRED				
	05	HEPATITIS C				
	06	HIV DISEASE				
	07	LANGUAGE DISORDER				
	08	NONE/NO IMPAIRMENTS				
	09	NOT AMBULATORY WITHOUT WHEELCHAIR OR WALKER				
	10	ORTHOPEDICALLY IMPAIRED				
	11	OTHER SERIOUS OR CHRONIC HEALTH CONDITION				
	12	SIGHT IMPAIRED				
	13	TUBERCULOSIS				
A-45	DISABILITY_2					

	01	AMPUTEE				
	02	ASTHMA, EMPHYSEMA OR OTHER BREATHING DIFFICULTY				
	03	DEVELOPMENTAL DISABILITY				
	04	HEARING IMPAIRED				
	05	HEPATITIS C				
	06	HIV DISEASE				
	07	LANGUAGE DISORDER				
	08	NONE				
	09	NOT AMBULATORY WIHTOUT WHEELCHAIR OR WALKER				
	10	ORTHOPEDICALLY IMPAIRED				
	11	OTHER SERIOUS OR CHRONIC HEALTH CONDITION				
	12	SIGHT IMPAIRED				
	13	TUBERCULOSIS				
A-46	DISABILITY_3					
	01	AMPUTEE				
	02	ASTHMA, EMPHYSEMA OR OTHER BREATHING DIFFICULTY				
	03	DEVELOPMENTAL DISABILITY				
	04	HEARING IMPAIRED				
	05	HEPATITIS C				
	06	HIV DISEASE				
	07	LANGUAGE DISORDER				
	08	NONE				
	09	NOT AMBULATORY WIHTOUT WHEELCHAIR OR WALKER				
	10	ORTHOPEDICALLY IMPAIRED				
	11	OTHER SERIOUS OR CHRONIC HEALTH CONDITION				
	12	SIGHT IMPAIRED				

	13	TUBERCULOSIS				
A-47	DISABILITY_4					
	01	AMPUTEE				
	02	ASTHMA, EMPHYSEMA OR OTHER BREATHING DIFFICULTY				
	03	DEVELOPMENTAL DISABILITY				
	04	HEARING IMPAIRED				
	05	HEPATITIS C				
	06	HIV DISEASE				
	07	LANGUAGE DISORDER				
	08	NONE				
	09	NOT AMBULATORY WIHTOUT WHEELCHAIR OR WALKER				
	10	ORTHOPEDICALLY IMPAIRED				
	11	OTHER SERIOUS OR CHRONIC HEALTH CONDITION				
	12	SIGHT IMPAIRED				
	13	TUBERCULOSIS				
A-48	DISABILITY_5					
	01	AMPUTEE				
	02	ASTHMA, EMPHYSEMA OR OTHER BREATHING DIFFICULTY				
	03	DEVELOPMENTAL DISABILITY				
	04	HEARING IMPAIRED				
	05	HEPATITIS C				
	06	HIV DISEASE				
	07	LANGUAGE DISORDER				
	08	NONE				
	09	NOT AMBULATORY WIHTOUT WHEELCHAIR OR WALKER				
	10	ORTHOPEDICALLY IMPAIRED				

	11	OTHER SERIOUS OR CHRONIC HEALTH CONDITION				
	12	SIGHT IMPAIRED				
	13	TUBERCULOSIS				
A-49	DRUG_1					
	1	ALCOHOL				
	2	AMPHETAMINES (but not methamphetamine)				
	3	BARBITURATES				
	4	BENZODIAZEPINE				
	5	COCAINE (including crack or "free base")				
	6	ECSTASY				
	7	GAMBLING				
	8	GHB				
	9	HALLUCINOGENS				
	10	HEROIN				
	11	INHALANTS				
	12	MARIJUANA/HASHISH				
	13	METHAMPHETAMINE				
	14	NONE				
	15	NON-RX METHADONE				
	16	OTHER				
	17	OTHER OPIATES OR SYNTHETICS				
	18	OTHER SEDATIVES AND HYPNOTICS				
	19	OTHER STIMULANTS				
	20	OVER-THE-COUNTER DRUG				
	21	OXYCONTIN				
	22	PCP				

	23	SOMA
	24	TRANQUILIZERS (not benzodiazepines)
	98	UNKNOWN
A-50	DRUG_1_UPDATE	
		2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
A-51	DRUG_2	
	1	ALCOHOL
	2	AMPHETAMINES (but not methamphetamine)
	3	BARBITURATES
	4	BENZODIAZEPINE
	5	COCAINE (including crack or "free base")
	6	ECSTASY
	7	GAMBLING
	8	GHB
	9	HALLUCINOGENS
	10	HEROIN
	11	INHALANTS
	12	MARIJUANA/HASHISH
	13	METHAMPHETAMINE
	14	NONE
	15	NON-RX METHADONE
	16	OTHER
	17	OTHER OPIATES AND SYNTHETICS
	18	OTHER SEDATIVES AND HYPNOTICS
	19	OTHER STIMULANTS
	20	OVER-THE-COUNTER DRUGS

	21	OXYCONTIN			
	22	PCP			
	23	SOMA			
	24	TRANQUILIZERS (not benzodiazepines)			
	25	TOBACCO			
	98	UNKNOWN			
A-52	DRUG_2_UPDATE				
		2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.			
A-53	DRUG_3				
	1	ALCOHOL			
	2	AMPHETAMINES (but not methamphetamine)			
	3	BARBITURATES			
	4	BENZODIAZEPINE			
	5	COCAINE (including crack or "free base")			
	6	ECSTASY			
	7	GAMBLING			
	8	GHB			
	9	HALLUCINOGENS			
	10	HEROIN			
	11	INHALANTS			
	12	MARIJUANA/HASHISH			
	13	METHAMPHETAMINE			
	14	NONE			
	15	NON-RX METHADONE			
	16	OTHER			
	17	OTHER OPIATES AND SYNTHETICS			

	18	OTHER SEDATIVES AND HYPNOTICS
	19	OTHER STIMULANTS
	20	OVER-THE-COUNTER DRUGS
	21	OXYCONTIN
	22	PCP
	23	SOMA
	24	TRANQUILIZERS (not benzodiazepines)
	25	TOBACCO
	98	UNKNOWN
A-54	DRUG_3_UPDATE	
		2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.
A-55	DRUG_1_AGE	
	1 - 95	VALID AGE OF FIRST USE
	98	UNKNOWN
A-56	DRUG_2_AGE	
	1 - 95	VALID AGE OF FIRST USE
	98	UNKNOWN
A-57	DRUG_3_AGE	
	1 - 95	VALID AGE OF FIRST USE
	98	UNKNOWN
A-58	DRUG_1_FREQ	
	1	1-3 TIMES IN THE PAST MONTH
	2	1-2 TIMES PER WEEK
	3	3-6 TIMES IN THE PAST WEEK
	4	DAILY
	5	FREQUENCY UNKNOWN

	6	NO USE DURING TREATMENT				
	7	NO USE IN THE PAST MONTH				
	8	NOT APPLICABLE				
A-59	DRUG_1_FREQ_UPDATE					
		2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.				
A-60	DRUG_2_FREQ					
	1	1-3 TIMES IN THE PAST MONTH				
	2	1-2 TIMES PER WEEK				
	3	3-6 TIMES IN THE PAST WEEK				
	4	DAILY				
	5	FREQUENCY UNKNOWN				
	6	NO USE DURING TREATMENT				
	7	NO USE IN THE PAST MONTH				
	8	NOT APPLICABLE				
A-61	DRUG_2_FREQ_UPDATE					
		2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.				
A-62	DRUG_3_FREQ					
	1	1-3 TIMES IN THE PAST MONTH				
	2	1-2 TIMES PER WEEK				
	3	3-6 TIMES IN THE PAST WEEK				
	4	DAILY				
	5	FREQUENCY UNKNOWN				
	6	NO USE DURING TREATMENT				
	7	NO USE IN THE PAST MONTH				
	8	NOT APPLICABLE				

A-63	DRUG_3_FREQ_UPDATE					
		2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT				
A-64	DRUG_1_RTE					
	01	INHALATION				
	02	INJECTION (IV OR INTRAMUSCULAR)				
	03	NONE REPORTED this code is to be used by prevention programs and collateral services				
	04	NOT APPLICABLE-CODE 4 (NOT APPLICABLE) should only be used when the client does not have a SUD OR for clients receiving substance abuse treatment when the primary type is Gambling				
	05	ORAL				
	06	OTHER				
	07	SMOKING				
	98	UNKNOWN				
A-65	DRUG_1_RTE_UPDATE					
		2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.				
A-66	DRUG_2_RTE					
	01	INHALATION				
	02	INJECTION (IV OR INTRAMUSCULAR)				
	03	NONE REPORTED this code is to be used by prevention programs and collateral services				
	04	NOT APPLICABLE-CODE 4 (NOT APPLICABLE) should only be used when the client does not have a SUD OR for clients receiving substance abuse treatment when the primary type is Gambling				
	05	ORAL				
	06	OTHER				
	07	SMOKING				
	98	UNKNOWN				
A-67	DRUG_2_RTE_UPDATE					

		2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.				
A-68	DRUG_3_RTE					
	01	INHALATION				
	02	INJECTION (IV OR INTRAMUSCULAR)				
	03	NONE REPORTED this code is to be used by prevention programs and collateral services				
	04	NOT APPLICABLE-CODE 4 (NOT APPLICABLE) should only be used when the client does not have a SUD OR for clients receiving substance abuse treatment when the primary type is Gambling				
	05	ORAL				
	06	OTHER				
	07	SMOKING				
	98	UNKNOWN				
A-69	DRUG_3_RTE_UPDATE					
		2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.				
A-74	DX_PRIMARY					
		DSM-5 CODE				
A-75	DX_SEC					
		DSM-5 CODE				
A-78	ENCOUNTERS					
		00-30				
A-79	ENCOUNTERS_UPDATE					
		2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.				
A-80	EPISODE_UID (KEY)					
		A UNIQUE NUMERIC IDENTIFIER, UP TO 18 DIGITS				
A-83	SCHOOL_ABSENCE					
		00-30				

A-84	SCHOOL_ABSENCE_UPDATE					
		2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.				
A-85	SCHOOL_ENROLLMENT					
	1	YES				
	2	NO				
A-86	SCHOOL_ENROLL_UPDATE					
		2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.				
A-87	SCHOOL_SUSPENSION					
		00-30				
A-88	SCHOOL_SUSP_UPDATE					
		2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.				
A-92	SP_DATE (MH AND CO OCCURING DISORDER ONLY)					
		2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9 MUST HAVE A ZERO AS THE LEADING DIGIT.				
A-95	SP_SMI (MH AND CO OCCURING DISORDER ONLY)					
	0	NON-SMI/EBD				
	1	SMI (Adults)				
	2	EBD (Children/Youth)				
A-96	REGION					
	2	CAPITAL AREA HUMAN SERVICES DISTRICT (CAHSD)				
	3	SOUTH CENTRAL HUMAN SERVICES AUTHORITY (SCLHSA)				
	4	ACADIANA AREA HUMAN SERVICES DISTRICT (AAHSD)				
	5	IMPERIAL CALCASIEU HUMAN SERVICES AUTHORITY (ImCal HSA)				
	6	CENTRAL LOUISIANA HUMAN SERVICES DISTRICT (CLHSD)				
	7	NORTHWEST LOUISIANA HUMAN SERVICES DISTRICT (NLHSD)				

	8	NORTHEAST DELTA HUMAN SERVICES AUTHORITY (NDHSA)				
	9	FLORIDA PARISHES HUMAN SERVICE AUTHORITY (FPHSA)				
	10	JEFFERSON PARISH HUMAN SERVICE AUTHORITY (JPHSA)				
	11	METROPOLITAN HUMAN SERVICES DISTRICT (MHSD)				
A-97	DX_3					
		DSM-5 CODE				
A-98	DX_4					
		DSM-5 CODE				
A-99	DX_5					
		DSM-5 CODE				
A-100	DX_6					
		DSM-5 CODE				
A-101	DX_7					
		DSM-5 CODE				
A-102	DX_8					
		DSM-5 CODE				
SERVICE TABLE						
S-01	APPT_STAT					
	1	SCHEDULED APPOINTMENT				
	2	UNSCHEDULED APPOINTMENT				
	3	NO SHOW				
	4	CANCELLED BY CLIENT				
	5	CANCELLED BY PROVIDER				
S-03	BEGINTIME					
		2-DIGIT HOURS:2-DIGIT MINUTES USING MILITARY TIME (14:00=1:00)				
S-04	CLN_TYPE					

	1	PRIMARY CLIENT				
	2	PARENT(S) COLLATERAL				
	3	SPOUSE COLLATERAL				
	4	CHILD/SIBLING COLLATERAL				
	5	OTHER RELATIVE COLLATERAL				
	6	NON-RELATIVE COLLATERAL				
	7	PRIMARY CLIENT & SIGNIFICANT OTHER(S)				
	8	REPRESENTATIVE OF OTHER ORGANIZATION				
	99	OTHER				
S-05	CLUID					
		A UNIQUE NUMERIC IDENTIFIER, UP TO 18 DIGITS				
S-08	ENDTIME					
		2-DIGIT HOURS:2-DIGIT MINUTES USING MILITARY TIME (14:00=1:00)				
S-10	EPISODE_UID (KEY)					
		A UNIQUE NUMERIC IDENTIFIER, UP TO 18 DIGITS				
S-12	PV_CO_SERV					
		UP TO 10-DIGIT CODE				
S-13	PV_SERV					
		UP TO 10-DIGIT CODE				
S-14	SERV_DATE					
		2-DIGIT MONTH, 2-DIGIT DAY, AND 4-DIGIT YEAR. THE NUMERIC FORMAT FOR MONTHS AND DAYS 1-9				
S-18	SERVICE					
		Current Procedural Terminology (CPT) Codes				
S-20	TICKETNO					
		UP TO 18 DIGITS				
S-23	SERVICE_AGENCY_UID					

		A UNIQUE NUMERIC IDENTIFIER, UP TO 18 DIGITS
S-24	REGION	
	2	CAPITAL AREA HUMAN SERVICES DISTRICT (CAHSD)
	3	SOUTH CENTRAL HUMAN SERVICES AUTHORITY (SCLHSA)
	4	ACADIANA AREA HUMAN SERVICES DISTRICT (AAHSD)
	5	IMPERIAL CALCASIEU HUMAN SERVICES AUTHORITY (ImCal HSA)
	6	CENTRAL LOUISIANA HUMAN SERVICES DISTRICT (CLHSD)
	7	NORTHWEST LOUISIANA HUMAN SERVICES DISTRICT (NLHSD)
	8	NORTHEAST DELTA HUMAN SERVICES AUTHORITY (NDHSA)
	9	FLORIDA PARISHES HUMAN SERVICE AUTHORITY (FPHSA)
	10	JEFFERSON PARISH HUMAN SERVICE AUTHORITY (JPHSA)
	11	METROPOLITAN HUMAN SERVICES DISTRICT (MHSD)

Client Level Data (CLD) Elements Crosswalk

Instructions for Completing Part 3

To facilitate review of the Organization/LGE Data Crosswalk, please do not alter the basic structure of this template. Organizations/LGEs are only allowed to add rows as is necessary in mapping the Organization/LGE data elements.

Clinic/Facility Identifiers and Service Codes and Service Descriptions: Every data system has it's own taxonomy for assigning Clinic/Facility codes (unique identifiers) and Clinic/Facility Descriptions as well as for Service Codes and Service Descriptions. In order to remain consistent across the LBHP, please crosswalk Organization/LGE codes and descriptions to the OBH/LBHP codes and descriptions provided in Clinic/Facility Crosswalk Template and LBHP Service Code Template.

Part 3- Organization/LGE Clinic/Facility Crosswalk: provides a template for mapping the clinic/facility crosswalk. See instructions below for completing each crosswalk.

Organization/LGE Clinic/Facility Crosswalk

Column A, B, and C of the Clinic/Facility crosswalk are the Unique Clinic/Facility identifiers, Clinic/Facility descriptions, and Region codes currently used in Clinical Advisor. Please map the ID, descriptions, and region codes used by the Organization/LGE for each clinic/facility.

In column E of the Organization/LGE Clinic/Facility Crosswalk Worksheet section, insert the Clinic/Facility Code (Unique Identifier) as used in the EHR. In column F, enter the Clinic/Facility name corresponding to code specified in Column E. In column G, please enter the LGE service region associated with the clinic/facility. Please insert additional rows to the Clinic/Facility Crosswalk section as needed to provide a complete list of Clinics/Facilities for your Organization/LGE.

Clinical Advisor (up to November 30, 2015)	
SERVICE AGENCY UID	SERVICE AGENCY NAME

Electronic Health Records (post Clinical Advisor)	
EHR System - AGENCY UID	EHR- AGENCY NAME