

To facilitate the review of the State Data Crosswalk, please observe the following reminders:

1. Submit a complete crosswalk.
 - a. Part 1 – do not leave blank entries.
 - b. Part 2 – please provide complete but concise, relevant, and important information to aid in the review of the crosswalk. The less information you provide, the more questions there will be. Also, please make sure that Part 1 and Part 2 are consistent.

For example, if the State definition of ‘Not In the Labor Force’ includes student, homemaker, disabled, etc., the expectation is that you are collecting these classifications. So a ‘Not Used’ label for these categories in Part 1 of the crosswalk and not citing them elsewhere (to imply that you are not collecting these categories) is inconsistent and would generate a question back to you.

2. Proper use of ‘Not Used’ and ‘Not Collected’

These two labels cannot be used interchangeably. Each one would generate a different type of data quality control.

Not Used: when a category (or a choice option such as ‘Crisis Residence’) of a data element (e.g. Residential Status) is not used by the State AND no other State residential category can be mapped to this CLD category.

Not Collected: when a data element is not collected by the State (e.g. Marital Status) for **all** of the served population. You can either label the data element ‘Not Collected’ and leave the categories blank OR label the data element and its categories ‘Not Collected.’

3. State mapping to ‘Unknown’ and ‘Not Collected’ codes
For most of the data elements, an Unknown and Not Collected codes are available.

If the data element is collected for all served population, map the ‘Unknown’ code for when the information is not available for the individual, i.e. blank field or to the corresponding State Unknown code. The ‘Not Collected’ code in this case is then mapped as ‘Not Used.’

If the data element is collected only for a subpopulation, the State should show the mapping of the State codes to the CLD codes AND then specify in the ‘Not Collected’ code that it will be used for the subpopulation for which this information is not collected. Map the ‘Unknown’ code for blank fields or missing values for population from which this information is collected.

4. Complete the header record.
 - H-01: Specify code ‘H’ (all files should always start with the Header Record).
 - H-02: Specify the State abbreviation
 - H-03: Specify that P will be used for State Production files; and T for State Test files
 - H-04: Specify if the State is reporting the recently ended Fiscal Year or Calendar Year or will be observing a one-year lag time. Also specify the State’s selected reporting

period start date (in the crosswalk, you can leave the year as YYYY). For example, YYYY07 (meaning the state will start on 7/1 of each year).

H-05: Specify the State's end of the reporting period using the format shown in H-04.

H-06: state in the comment section 'same count as the number of client records in the submitted file'

H-07: Specify the appropriate code depending on whether the State is reporting or not reporting an optional data element

H-08: Specify the appropriate disease standard classification code the State will use

5. Provide adequate explanations for Translated data elements.

Translated data elements are not expected to have a corresponding data field in the State database. However, the expectation is that the State may use proxy variables to inform the CLD data element.

For example, the CLD's 'Client Treatment Status At the start of the reporting period' may not map neatly to a State Data field. The State, however, may use the admission date and discharge date as proxy variables to determine the client's treatment status at the start of the reporting period. We are expecting that you provide us your operational definition coding when a client is new; and when a client is continuing. Specify what proxy variables you will be using (admission/discharges, or claims and encounters with a marker and what is that marker – 30 days, 60 days, etc.). Specify the criteria that you will use for coding.

Translated data elements are:

- Client status at the start of the reporting period
- Client status at the end of the reporting period
- Service setting status throughout the reporting period
- Substance use problem
- One-time service flag
- Update flag – Employment
- Update flag – Residential Status

6. Some of the State crosswalks that have been reviewed by the NRI suggest that there is a confusion in interpreting the 'Client Status At the End of the Reporting Period.' Some States are matching this with discharges from the State Hospital. We would like to clarify that the 'Client Status At the End of the Reporting Period' pertains to whether the client has not been discharged (hence, continuing) or been discharged (citing specific reason for discharge) from receiving services funded or provided by the SMHA (looking at it from the system perspective) at the end of the reporting period. There is a different data element, 'State Hospital Discharge Reason,' that captures the client's State Hospital discharge events and corresponding discharge reasons for the reporting period.

Please refer to the Instruction Manual for more guidance and/or send an e-mail to cldta@nri-inc.org with questions.