# Coding Instructions for Michigan

# Behavioral Health Treatment Episode Data Set (BHTEDS)

# FY 2024

**Prepared for:**   Michigan PIHP Regional Entities and Individuals

Completing BHTEDS Records

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*Prepared in consistence with Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality* <u>*Combined Substance Abuse and Mental Health Treatment Data Set (TEDS) Instruction Manual (Version 4.3.1, September 2019)*</u>

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# LIST OF ACCRONYMS USED

| | |
|---|---|
| **AA** | **Alcoholics Anonymous** |
| **AFC** | **Adult Foster Care** |
| **ATP** | **Ability to Pay** |
| **BHTEDS** | **Behavioral Health Treatment Episode Data System** |
| **BPS** | **Bio-Psycho-Social** |
| **CAFAS** | **Child and Adolescent Functional Assessment Scale** |
| **CCBHC** | **Certified Community Behavioral Health Clinic** |
| **CIE** | **Competitive Integrated Employment** |
| **DMH** | **Department of Mental Health** |
| **DUI** | **Driving Under the Influence** |
| **DWI** | **Driving While Intoxicated** |
| **FASD** | **Fetal Alcohol Spectrum Disorder** |
| **I/DD** | **Intellectual/Developmental Disability** |
| **IPOS** | **Individual Plan of Service** |
| **LARA** | **Michigan Department of Licensing & Regulatory Affairs** |
| **LOC** | **Level of Care** |
| **LOCUS** | **Level of Care Utilization System** |
| **MBI** | **Medicare Beneficiary ID** |
| **MCG** | **Milliman Care Guidelines** |
| **MDHHS** | **Michigan Department of Health & Human Services** |
| **MH** | **Mental Health** |
| **MI** | **Mental Illness** |
| **NA** | **Narcotics Anonymous** |
| **NAS** | **Neonatal Abstinence Syndrome** |
| **PECFAS** | **Preschool and Early Childhood Functional Assessment Scale** |
| **SDA** | **State Disability Assistance** |
| **SED** | **Serious Emotional Disturbance** |
| **SSDI** | **Social Security Disability Insurance** |
| **SSI** | **Supplemental Security Income** |
| **SU** | **Substance Use** |
| **SUD** | **Substance Use Disorder** |

**Client Record Type - A001; DU001 -** Federal Field; **KEY Field**

Description:     Identifies whether the record is a Service Start, Update, End or Crisis Event record for mental health (MH) or substance use (SU) services.

| Code | Value Label | Description |
|------|-------------|-------------|
| A | Initial SU Service Start record | Initial SU Service Start Record - Submitted at the first non-health-home-only (S0280) event once an individual is formally accepted into substance use treatment funded with SU dollars at an SU provider.  A separate A record is submitted for each SU provider at which the individual receives services unless the alternate site is a part of the primary treatment organization where the client's treatment plan and record reside. |
| D | SU Service End Record | SU Service End Record - Submitted when an individual completely terminates SU treatment or changes to a new licensed primary SU provider.  If an individual does not formerly discharge (i.e., stops showing for up for services): 1) submit a D record when no detox or residential SU services for approximately 3 days; 2) submit a D record when no O/P SU services for approximately 45 days.  These are guidelines.  Use clinical judgment when making final determination. |
| S | SU Update Record | SU Update Record - Submitted, at least annually, to provide a data point (Time 2) in reporting the individual's status or in conducting outcome evaluation.  S records do not close an episode. |
| M | Initial MH Service Start record | Initial MH Service Start Record - Submitted at mental health treatment initiation, which is the first billable or encounterable that is not part of a non-brief-screening only (H0002), Non-crisis-only (H2011, S9484, T1023, 90839, 90840), Non-OBRA-Assessment-only (99304-99310), Non-Health Home only (S0280), Non-transportation-only (A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, A0427 S0209, S0215, T2001-T2005) episode of care.  Examples: initiation of MH assessment, treatment or supports encounter.  A separate M record is submitted for each CMHSP paying for MH services. |
| E | MH Service End Record | MH Service End Record - Submitted when an individual completely terminates MH services at a CMHSP.  If an individual does not formerly discharge (i.e., stops showing for up for services): 1) submit an E record when no MH services have taken place for approximately 90 days. This is a guideline.  Use clinical judgment when making final determination. |
| U | MH Update Record | MH Update Record - Submitted, at least annually, to provide a data point (Time 2) in reporting the individual's status or in conducting outcome evaluation.  U records do not close an episode. |
| Q | Crisis Event Record | Submitted for a crisis event (H2011, S9484, T1023, 90839 or 90840) when there is not an open episode for the individual receiving crisis services or BHTEDS record submission within the past 90 days. |

Guidelines:

- Report SU treatment Admission (A), Update (S) and Discharge (D) records for persons who are receiving treatment for substance use or as a codependent of persons with a substance use disorder.  In rare instances where an admission is made (typically court or DOC referred) and the person is determined not to have a Primary Substance of

Abuse, utilize the same coding instructions as Codependent/Collateral/Non-Using Person Served in field A017. An admission occurs only after completion the screening process and formal admittance to an accredited (and licensed for non-governmental entities) substance use treatment program.

- A person who completed only a screening or has been placed on a waiting list is NOT a substance use treatment client. Opioid Health-home Only services do not require a BHTEDS be submitted.
- A separate A-S-D episode is allowed, but not required when an SU service is provided at a separately accredited (and licensed for non-governmental entities), alternate location of the primary treatment provider only if there is one treatment plan and one treatment record for the individual at the primary treatment location.
  - o Examples: My Therapy Place has two (2) locations: SiteA and SiteB.
    - SiteB runs a Domestic Violence Women's Group that is not offered at SiteA. Individual admitted to SiteA has her treatment plan and EMR at SiteA. When she attends the Domestic Violence Women's Group at SiteB, the clinician notes the session in the individual's primary EMR at SiteA and must include in the notes that the session physically took place at SiteB. Only one BHTEDS A record, under the license number of SiteA is required, but a separate BHTEDS A record for each site is allowed.
    - Peer support services are provided at SiteA only. An individual receiving O/P treatment at SiteB receives peer support services only at SiteA. The individual's treatment plan and patient file are at SiteB. Peer support notes are entered into the EMR at SiteB, where the primary treatment plan resides. In the notes, the peer support specialist documents that services physically occurred at SiteA. Only one BHTEDS A record, under the license number of SiteB is required, but a separate BHTEDS A record is allowed.
- Report mental health treatment Admission (M), Update (U) and Discharge (E) records for persons receiving mental health services, including support services, assessment, or CCBHC services funded in whole or part with State of Michigan administered funds. Brief-screening only, OBRA-Assessment only, Health-Home-only, and/or Transportation-only ~~services~~ episodes do not require a BHTEDS be submitted.
- CMS CCBHC Demonstration Sites who are not SAMHSA CCBHC Expansion Grantees must submit BHTEDS and encounters for all CCBHC clients. CMS CCBHC Demonstration Sites who are also SAMHSA CCBHC Expansion Grantees must submit BHTEDS and encounters for all CCBHC clients, regardless of funding source. SAMHSA CCBHC Expansion Grantees who are not CMS CCBHC Demonstration Sites are not required to submit BHTEDS or encounters for individuals served entirely by grant funds but are encouraged to do so.
- Integrated Treatment occurs when an individual receives MH and SU treatment managed by a single entity under an integrated treatment plan. If SU pays for SU services, A, S, & D are used. If MH pays for SU services, M, U, & E are used.
- MH non-crisis events records (Ms) are updated at least annually by completing and submitting a U record. SU records (As) are updated at least annually by completing and submitting an S record. Qs do not require updates as they are single event records.
- MH crisis events require a Q record if the individual experiencing the crisis does not have an open MH episode nor a BHTEDS submission (M, U, E, A with integrated Treatment, S with integrated treatment, D with integrated treatment) within the past 90 days.
- If more than one crisis event occurs on a given day, it is allowable and preferable to combine the information from the different Q records on that day to submit the most complete Q record possible.
- If an individual's MH episode begins with a crisis event, a Q record is not required. An M record may be submitted for the beginning of the episode with a Service Start Date equal to the date of the crisis.
- Each Service Start record (A and M) should (eventually) have an associated Service End record (D and E).

- Q records are event records, rather than part of an episode, so there is no End record for a Q.
- State Psychiatric Hospital stays (Caro Center, Center for Forensic Psychiatry, Hawthorn Center, Kalamazoo Psychiatric Hospital, and Walter P Reuther Psychiatric Hospital) require a separate BHTEDS episode. A separate M record must be submitted when an individual receiving MH services is admitted to a State Psychiatric Hospital. If the individual remains open at the CMHSP, there are two (2) concurrent M records. The admission date and Provider ID fields are used to join the U and E records with the appropriate admission. The PIHP may opt to handle this situation with consecutive records, ending the MH service (E) record and adding a new Service Start (M) record for the State Hospital admission. If the PIHP handles the state psychiatric hospitalization with consecutive records, after the hospitalization episode is ended (E) a new Service Start Record (M) must be submitted for the aftercare provided by the PIHP.
- An Update (U or E) record is required whenever an individual's MI or IDD designation changes as designations are in the numerous calculations.
- In August of each year, MDHHS reconciles living arrangement of individuals covered by the HAB-Waiver reported in WSA and BHTEDS. If the BHTEDS record is Updated (U) as part of the reconciliation, an additional Update (U) at the time of annual review is not required.
- All data on a T2 record (U, S, D, and E) must reflect the individual on the Service Update/End date. That is, all data on the U, S, D, and E record is collected at time of update or service end. If there is an unplanned end of service (i.e., individual stops showing up) the Service End Date is the date of the last face-to-face service, and the data should reflect the individual at that time. If the reason for discharge is death, the date of death is the Service End Date, and the data should reflect the individual at that time. Data based on the individual's last face-to-face service should be used when the information is not available for date of death.
- When MH & SU treatment is concurrent (not integrated) at separate facilities, A, S, & D records identify the Non-Opioid-Health-Home-only (S0280) SU-funded treatment episode while M, U, & E records identify the MH episode or MH-funded SU treatment episode. The A record start date is the first service at the licensed SU provider while the M record start date is the first billable service that is not for a brief-screening only (H002), Non-crisis-only (H2011, S9484, T1023, 90839, 90840), Non-OBRA-Assessment only (99304-99310), non-Health Home only (S0280), or Non-transportation-only (A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0209, S0215, T2001-T2005) MH episode.
- There can only be one MH Service Start Record (M) **with the same key fields** per date.
- There can only be one SU Service Start Record (A) **with the same key fields** per date.
- There can only be one service Update (S, U) or End record (D, E) **with the same key fields** per date.
- There can only be one Crisis Event Record (Q) with the same key fields per date.
- Since provider ID is a key field, which would differentiate a MH record from an SU record, an M and A may be submitted on the same date. Similarly, a U and S, U and D, S and E, or an E and D, may be submitted on the same date.
- A Q and M record may be submitted on the same date.
- There cannot be a Service Start and Update (M and U or A and S) on the same date.
- There cannot be an Update (S, U) record and End (D, E) record on the same date.
- A Service Start and Service End record on the same date is allowable. That is, an A record and D record are allowable on the same date and an M record and E record are allowable on the same date if the Update/End Time is later than the Service Start Time.
- A Crisis Event (Q) record may be submitted at any point regardless of the status of a MH or SU episode.

Validation Edits:

- If the Client Transaction Type field is blank or contains an invalid value, the record will be rejected.
- An A will be rejected for an individual who already has an open SU admission at the same Provider ID.
- If two or more A records are submitted with the same Service Start Date, only the first will be processed.  The other(s) will be rejected.
- An M will be rejected for an individual who already has an open MH admission at the same CMH (Provider ID) unless it is a State Psychiatric Hospital admission.
- If two or more M records are submitted with the same Service Start Date only the first regular M (and first State Psych hospital M, if applicable) will be processed.  The other(s) will be rejected.
- If two or more U records are submitted with the same Update/End Date and Service Start Date, only the first will be processed.  The other(s) will be rejected.
- If two or more S records are submitted with the same Update/End Date and Service Start Date, only the first will be processed.  The other(s) will be rejected.
- If two or more E records are submitted with the same Update/End Date and Service Start Date, only the first will be processed.  The other(s) will be rejected.
- If two or more D records are submitted with the same Update/End Date and Service Start Date, only the first will be processed.  The other(s) will be rejected.
- If two or more Q records are submitted with the same Service Start Date, only the first will be processed.  The other(s) will be rejected.
- If a U and an E record are submitted with the same Update/End Date and Service Start Date, only the first will be processed.  The other(s) will be rejected.
- If an S and a D record are submitted with the same Update/End Date and Service Start Date, only the first will be processed.  The other(s) will be rejected.
- An A or M will be rejected if there is an admit/discharge in the database for the same Provider ID with Start date later than the one trying to be added.  For a record to be accepted that is out of chronological sequence, the record(s) with service dates after the one to be added must be deleted, then re-added with the new record.
- An S or D record must find an A record with matching Payer ID, State Provider Identifier, Unique PIHP Person Identifier, and Service Start Date to be accepted.  Similarly, a U or E record must find an M record with matching Payer ID, State Provider Identifier, Unique PIHP Person Identifier, and Service Start Date to be accepted.

**System Transaction Type – A002; DU002** – Federal Field

Description:      Identifies whether you are: adding a new record to the database, changing (via replacement) an existing record in the database, deleting an existing record from the database, or erasing a record from the Error Master.

| Code | Value Label | Description |
|------|-------------|-------------|
| A | Add | Add a new record to the database. |
| C | Change | Change non-key values in a record already in the database by replacement. |
| D | Delete | Delete an existing record from the database |
| E | Error Erase | Erase an error from the Error Master without attempting to add/correct the database. |

Guidelines:

- Records are processed in the following order:
  - o  D – Deletes record(s) with matching key fields
  - o  C – Changes record(s) with matching key fields by replacing the record
  - o  A – Adds a record to the database.
  - o  E – Erase error records from the master without touching any records in the database
- Records with a Treatment Service Setting of 96-Assessment Only cannot be Changed.  They can only be added or deleted.
- When changing non-key fields, a C (Change) record is submitted.  Change the fields needing correction and submit the record with those changes along with all the other fields with their previously reported values so that the record can pass all the edits.
- When changing key fields, you must submit a D (Delete) record to delete the record that has already been accepted into the database AND an A (Add) record to add the corrected record to the database.
- When deleting a record where the individual has BHTEDS records after the deleted record, delete then re-add the subsequent records.  If deleting a Service End record, but not the related Service Start record, no start records after the start date of that orphaned Service Start record will be accepted until either the start record is discharged or deleted.

Validation Edits:

- If the System Transaction Type field is blank or contains an invalid value, the record will be rejected.
- If the key fields of an A record (Payer ID, State Provider ID, Unique PIHP ID, and Service Start Date match the key fields of an existing record, the A record will be rejected as a duplicate.
- If the key fields of a C or D record do not match a record in the database, the record will be rejected with a 'no record found' error.
- If processing a D record would result in two (2) Service Start records without an End record in between, the delete will be rejected.
- If trying to delete a Service Start record that has already been updated/ended, the delete will be rejected.
- If two (or more) identical records occur in a batch, the first one will process and the subsequent one(s) will be skipped.

- If adding a record out of chronological sequence, other than a Q record, the record will not process. Delete all records after the Start/Update/End date of the record to be added, then submit adds for all records in chronological order. The re-adding of the records may occur in the one batch.

**Payer ID – A003; DU003 -** State Field

Description:      The MDHHS-assigned 7-digit ID associated with the PIHP paying for the service.

| Code | Value Label | Description |
|------|-------------|-------------|
| 2813627 | CMHP SEM | CMH Partnership of Southeast Michigan |
| 2813629 | DWIHN | Detroit Wayne Integrated Health Network |
| 2813626 | LRE | Lakeshore Regional Entity |
| 1183006 | Macomb | Macomb County Community Mental Health Services |
| 2813625 | MSHN | Mid-State Health Network |
| 2813621 | Northcare | NorthCare Network |
| 2813628 | NMRE | Northern Michigan Regional Entity |
| 1183015 | Oakland | Oakland Community Health Network |
| 2813624 | Region 10 | Region 10 |
| 1182841 | SAHL | Salvation Army-Harbor Light |
| 2813623 | SWMBH | Southwest Michigan Behavioral Health |

Guidelines:

- The ID of the PIHP reporting the service is entered here.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.
- If the Payer ID does not match the one stored for the DEG mailbox, the record will not be processed.

**State Provider Identifier – A004; DU004** – Federal Field; **KEY Field**

Description: For Mental Health records, it is the MDHHS-assigned 7-digit ID associated with the CMHSP authorizing/paying for the service. For Substance Use Disorder records, it is the LARA number or MDHHS-assigned number of the provider at which the individual is receiving services, preceded by a zero.

| Mental Health CMHSPs | | | |
|---|---|---|---|
| **Code** | **Value Label** | **Code** | **Value Label** |
| 1182573 | Allegan | 1182045 | Montcalm |
| 1182063 | Au Sable | 1181773 | Muskegon |
| 1182134 | Barry | 1182448 | Network180 |
| 1181576 | Bay Arenac | 1181807 | Newaygo |
| 1182153 | Berrien | 1181816 | North Country |
| 1182018 | Clinton Eaton Ingham | 1181853 | Northeast |
| 1181709 | CMH for Central Michigan | 1182107 | Northern Lakes |
| 1181594 | Copper | 1181905 | Northpointe |
| 2813568 | Detroit-Wayne | 1705289 | Oakland |
| 1181610 | Genesee | 1182009 | Ottawa |
| 1181727 | Gogebic | 1182457 | Pathways |
| 1181601 | Gratiot | 1181825 | Pines |
| 1181997 | Hiawatha | 1181782 | Saginaw |
| 1181923 | Huron | 1181585 | Sanilac |
| 1181834 | Ionia | 1181862 | Shiawassee |
| 1181763 | Kalamazoo | 1182143 | St. Clair |
| 1181656 | Lapeer | 1181979 | St. Joseph |
| 1181736 | Lenawee | 1181665 | Summit Pointe |
| 1181718 | Lifeways | 1181683 | Tuscola |
| 1181871 | Livingston | 1181899 | Van Buren |
| 3396315 | Macomb | 1181674 | Washtenaw |
| 1182116 | Manistee-Benzie | 1181647 | West Michigan |
| 1181988 | Monroe | 1182125 | Woodlands |

| Substance Use | | |
|---|---|---|
| **Code** | **Value Label** | **Description** |
| 0nnnnnn | '0' followed by the 6-digit LARA or MDHHS-assigned number of the program providing services | To find LARA license numbers, go to: https://w2.lara.state.mi.us/VAL/License/Search Click: Business Select: Substance Abuse for License Type Enter the business' name or parts of it. Click: Search *Note: You can enter any/all/none of City, County, Specialty fields* Contact Phil Chvojka at ChvojkaP@michigan.gov for MDHHS-assigned numbers. |

<u>Guidelines</u>:

- For mental health records, (M, U, E, or Q) enter the MDHHS-assigned 7-digit provider id from the list above of the CMHSP with financial responsibility for services.  This should be the same Provider ID utilized on Encounter Records.
- For substance use records (A, S, or D) enter a 0 followed by the 6-digit LARA ID or MDHHS-assigned number.
  <u>Example</u>:  If Sample SU Counseling's LARA license number is 101234, 0101234 would be reported in this field.

<u>Validation Edits</u>:

- For M records, if this field is not one of the listed CMHSPs, the record will be rejected.
- If this field is blank or contains an invalid value, the record will be rejected.

**Unique PIHP Person Identifier – A005; DU005** – Federal Field – **KEY Field**

Description:  Identifies the individual receiving mental health and/or substance use services.

Guidelines:

- 11-character alphanumeric code assigned at the PIHP level that is unique to the individual being served.
- Must be able to be linked to the unique individual served across all records: A, M, S, U, D, E, Q, and encounters.
- Is reliably associated with the individual served across all the PIHP's services, regardless of MH or SU funding.
- Should not contain HIPAA-protected health information (PHI) or personal identifying information such as SSN, birth date, etc.
- Is not changed once established since it is used to track individuals and to link their encounter data over time.

Validation Edits:

- If this field is blank or contains non-alphanumeric values, the record will be rejected.

**Social Security Number – A006; DU006** – State Field

Description:     9-digit actual social security number of the individual being served or the MDHHS-predefined number indicating the individual does not have a social security number or refused to provide it.

| Value | Description |
|---|---|
| nnnnnnnnn | Individual's true social security number |
| 999999997 | Individual refused to provide their actual social security number |
| 999999998 | Individual reports not having a social security number |

Guidelines:

- Enter the 9 digits of the individual's social security number, if provided or known (i.e., via MPHI look-up response, prior admission).
- Enter 999999997 if the individual refused to provide their social security number and it is otherwise not known.
- Enter 999999998 if the individual reports not having a social security number and the social security number is not otherwise known.
- If the individual's social security number becomes known during the course of treatment, minimally submit a C (change) record to the most recent record in the system. The C (change) record should contain all the original answers in the fields except social security number, which will contain the newly reported number. If there is a MH and SU episode, a change (C) should be submitted for the most recent record of each episode type.
- MHDDS and the actuaries utilize Social Security Numbers in matching BHTEDS and encounter information for numerous reports and analysis. Therefore, if a Social Security Number becomes known during the course of treatment, submit a C (change) record(s) to the record(s) (A, M, S, U, D, E, Q) in the past eighteen (18) months that could be associated with the Social Security Number. Each C (change) record should contain all the answers in the fields of the record accepted into the MDHHS BHTEDS database except for Social Security Number, which will contain the newly reported number.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.

**Medicaid ID – A007; DU007** – State Field

Description:     10-digit Beneficiary ID assigned by the Michigan Department of Health & Human Services.

Guidelines:

- Individual's 10-digit Medicaid or HMP ID also known as the individual's Beneficiary ID.
- Report the ID regardless of current Medicaid/HMP eligibility.  **Entry of a Medicaid ID does NOT imply that the individual is currently enrolled or eligible for Medicaid or HMP**.
- Entry of a Medicaid ID does NOT indicate that Medicaid funds are involved in payment for services.
- Validate the self-reported Medicaid ID via MPHI or similar eligibility verification system.
- If the individual refuses to provide their ID, but it is known from an MPHI look-up or prior admission, enter the validated ID rather than leaving it blank.
- MDHHS and the actuaries utilize Medicaid IDs in matching BHTEDS and encounter information for numerous reports and analysis.  Therefore, if a Medicaid ID is obtained or becomes known during the course of treatment, submit a C (change) record(s) to the record(s) (A, M, S, U, D, E, Q) in the past eighteen (18) months that could be associated with the Medicaid ID.  Each C (change) record should contain all the answers in the fields of the record accepted into the MDHHS BHTEDS database except for Medicaid ID, which will contain the newly reported number.
- If an individual with an open MH or SU episode gets a new Medicaid ID during the course of treatment, like in the case of adoption, submit an Update (U or S) record with an Update/End Date of the date the Medicaid ID changed.  All other answers on the Update record should reflect the individual's status as of the date of the update.
- If there is no known Medicaid ID, leave the field blank.

**MIChild ID – A008; DU008** – State Field

Description:     10-character ID assigned by the Michigan Department of Health and Human Services for individuals enrolled in the MIChild program.

Guidelines:

- Report the ID regardless of current MIChild eligibility.  Entry of a MIChild ID does NOT imply that the individual is currently enrolled or eligible for MIChild.
- Entry of a MIChild ID does NOT indicate that MIChild funds are involved in payment for services.
- Validate the self-reported MIChild ID via MPHI or similar eligibility verification system.
- If the individual refuses to provide their ID, but it is known from an MPHI look-up or other eligibility verification ~~(i.e., WEB DENIS),~~ enter the validated ID rather than leaving it blank.
- If there is no known MIChild ID, leave the field blank.

**Medicare ID – A009; DU009** – State Field

Description:     11-character Medicare Beneficiary ID (MBI) assigned by Social Security to individuals eligible for Medicare Part A, B, C, and/or D programs.

Guidelines:

- Medicare beneficiaries should have received their new randomly generated MBI number by 04/2019. A separate update record is not required to report the new Medicare Beneficiary ID. Simply enter the new Medicare ID on all records submitted after the number has been received. For open episodes, submit the new Medicare Beneficiary ID on the next regular Update (U or S) or End (E or D).
- Medicare ID is made up of a combination of eleven (11) randomly generated numbers and upper-case letters. Each position has a specific format. The letters S, L, O, I, B and Z are not used. No special characters are used. Example: 1EG4-TE5-MK73

- The MBI's 2nd, 5th, 8th, and 9th characters will always be a letter.
- Characters 1, 4, 7, 10, and 11 will always be a number.
- The 3rd and 6th characters will be a letter or a number.
- The dashes aren't used as part of the MBI. They won't be entered into computer systems or used in file formats.

**MBI Format**

| Pos. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|------|---|---|----|---|---|----|---|---|---|----|----|
| Type | C | A | AN | N | A | AN | N | A | A | N | N |

**Where will the MBI's characters go?**
C – Numeric 1 thru 9     N – Numeric 0 thru 9     AN – Either A or N     A – Alphabetic Character (A...Z); Excluding (S, L, O, I, B, Z)

Position 1 – numeric values 1 thru 9
Position 2 – alphabetic values A thru Z (minus S, L, O, I, B, Z)
Position 3 – alpha-numeric values 0 thru 9 and A thru Z (minus S, L, O, I, B, Z)
Position 4 – numeric values 0 thru 9
Position 5 – alphabetic values A thru Z (minus S, L, O, I, B, Z)
Position 6 – alpha-numeric values 0 thru 9 and A thru Z (minus S, L, O, I, B, Z)
Position 7 – numeric values 0 thru 9
Position 8 – alphabetic values A thru Z (minus S, L, O, I, B, Z)
Position 9 – alphabetic values A thru Z (minus S, L, O, I, B, Z)
Position 10 – numeric values 0 thru 9
Position 11 – numeric values 0 thru 9

- Validate the self-reported Medicare ID via MPHI or your Medicare Administrative Contractor's (MAC's) secure MBI look-up tool.
- If the individual refuses to provide their ID, but it is known from eligibility verification or MBI look-up that the individual is Medicare eligible, enter the validated ID rather than leaving it blank.
- If there is no known Medicare ID, leave the field blank.

Validation Edits:
- If this field is not blank and any field position contains an invalid value, the record will be rejected.

**SDA, SSI, SSDI Enrolled – A010; DU010** – State Field

Description:   Identifies whether the individual is enrolled in SDA, SSI, and/or SSDI or if an individual who otherwise qualifies for SDA is having their room & board at a substance use facility being paid by SDA funds.

| Code | Value Label | Description |
|------|-------------|-------------|
| 1 | Yes | Yes, enrolled in one or more of these programs and/or SDA is paying for the room & board (R&B) portion of an SU stay. |
| 2 | No | Not, not enrolled in any of these programs and SDA is not paying for R&B portion of an SU stay. |
| 7 | Refused | Refused or unable to provide for this crisis event (Q only) |
| 8 | Not collected | Information not collected due to MH BHTEDS full record exception (M, U, E records only) |

Guidelines:

- 'Yes', indicates the individual is, or at least reported that they are, enrolled in at least one of the programs (SDA, SSI, or SSDI) AND/OR SDA is paying for any portion of the individual's SU room & board services.
- 'No' indicates the individual is not enrolled OR it is not known if the individual is enrolled in at least one of the programs (SDA, SSI, or SSDI) AND SDA is NOT paying for any portion of the individual's SU room & board services.
- 7 is available for MH Crisis Event (Q) records and used to report the answer was not collected.
- 8 is only available for MH (M, U, E) records and used to report if the answer was not collected.
- If an individual becomes SDA, SSI, or SSDI enrolled retroactive to the Service Start Date, a change (C) record should be submitted for the A or M record to change the 2 (No) or 8 (Not collected – MH BHTEDS full record exception) to 1 (Yes).
- If an individual becomes enrolled during the course of treatment, the obtaining of this benefit may be reported on the next regular Update (S, U) or End (D, E) record). A special Update is not required for the acquisition of any of these benefits.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.
- If this a MH (M, U, E) or SU (A, S, D) record and 7 is reported, the record will be rejected.
- If this is an SU (A, D) or Crisis Event (Q) record and 8 is reported, the record will be rejected.
- If 8 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected. If 8 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.
- If 8 is reported for a MH Service Update/End (U/E) and the Service Update/End Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected. If 8 is reported for MH Service Update/End record and the Service Update/End Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

**Service Start Date – A011; DU011** – Federal Field – **KEY Field**

Description:     The date initial services start.

| Value | Description |
|-------|-------------|
| MMDDYYYY | Concatenation of 2-digit-month, 2-digit-day, and 4-digit-year identifying the date services started. |

Guidelines:

- For mental health records, this is the date when a decision is made whether a new person is deemed eligible for ongoing services.  The decision occurs in conjunction with a face-to-face service such as an assessment, crisis service, or inpatient screening.  It does not include brief screening <mark>only</mark> events (H0002).
- For substance use records, this is the date of the first face-to-face treatment contact, which may be a full face-to-face biopsychosocial assessment.
- For Crisis Event (Q) records, this is the date crisis service began.
- Use valid calendar dates.
- The Service Start Date may be the same as the Service End Date but cannot be later.
- Only one (1) Service Start record with the same key fields may be submitted for any given Service Start Date.
- The Update and/or Service End records (S, U, D, E) looks for a Service Start Record (A or M) with the same Service Start Date to connect the T1-T2 episode for outcomes measuring.

Validation Edits:

- If this field is blank, the record will be rejected.
- If the field is not a valid calendar date (i.e., 02302022), the record will be rejected.
- If the date reported is greater than the system date, the record will be rejected.
- If the date reported is earlier than the individual's birth date, the record will be rejected.
- If the record type is a U or E and a corresponding M is not found, the record will be rejected.  If the record type is S or D and a corresponding A is not found, the record will be rejected.
-  Only one Service Start record allowed per day at the same Provider ID.
- If LOCUS Composite Score is 95, the Service Start Date must be prior to 10/01/2016.
- If Work/Task Hours are 995, the Service Start Date must be prior to 10/01/2016.
- If Earnings per Hour are 95.95, the Service Start Date must be prior to 10/01/2016.
- If Most Recent Military Service Era, Branch Served in, Client/Family Military Service, Connected to VA Benefits, or MH BHTEDS Full Record Exception is 95, the Service Start Date must be prior to 10/01/2017.

**Service Start Time of Day – A012; DU012** – State Field

Description:     The time initial services start.

| Value | Description |
|-------|-------------|
| HHMM | Military time |

Guidelines:

- This field is utilized in MDHHS's receiving data system to put events (Starts/Updates/Ends) in proper chronological order when they occur on the same <u>date/month/year</u>.  If it is not practical to enter an actual start time, be sure to assign start times that are earlier than the Update/End time of the record it is to precede.
- For substance use records, when it is not practical to enter an actual start time, be sure to also utilize a time that is after the End time of the prior provider's record.
- HH must be an integer between 00 and 23.
- MM must be an integer between 00 and 59.

Validation Edits:

- If this field is blank the record will be rejected.
- If the field is not a valid military time (i.e., 2415), the record will be rejected.

**Time to Treatment – A013** – Federal Field

Description:   Indicates the number of days from the first contact requesting service to the first face-to-face service.

| Value | Description |
|-------|-------------|
| nnn | 3-digit number of days from first contact requesting services to the first billable/encounterable assessment/treatment service |

Guidelines:

- Time to Treatment measures the actual number of days from the first date of contact requesting service to the first billable, non-brief-screening (H0002) treatment **without** any adjustments due to client availability, reschedules etc. For example, if the person does not show for the first scheduled appointment and reschedules, calculate the number of days between the initial request and the rescheduled appointment.  Do not calculate the number of days between the request for the rescheduled appointment and the new date.
- Date of 1$^{st}$ face-to-face service (SU=treatment service; MH=Assessment or treatment service) minus Date of 1$^{st}$ contact/request for service equals Time to treatment; or Date of 1$^{st}$ billable, non-brief-screening (H0002) face-to-face service) – (Date of 1$^{st}$ contact/request for service) = Time to Treatment.
- When treatment is immediately available, as in the case of walk-in services, the time to treatment is entered as 000.

SU Specific Scenarios:

- A request occurs when an individual or someone on their behalf requests SU services from a provider and the provider approves them for SU service(s) at their program.  It is when the provider approves them to come in for services, not necessarily when the individual is authorized for services.

3/31/2020 Individual walks in & requests SUD services and receives SUD treatment or support

**Date of First Contact = Request Date = 3/31/2020**
**BH-TEDS Start Date = 3/31/2020**
**Time to Treatment = 0 days**

If date of request and date for approval for services are not on the same day, the initial request is the request date. For example, if the request date is 3/31/2020 and the provider approves them on 4/1/2020 to come in for services on 4/5/2020, the Request Date is 3/31/2020.

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┌─────────────────────────────────────────────────────────────────────────────┐
│  ┌──────────────────┐      ┌──────────────────┐      ┌──────────────────┐    │
│  │ 3/31/2020        │      │ 4/1/2020         │      │ 4/5/2020         │    │
│  │ Individual       │ ───► │ Provider approves│ ───► │ Individual       │    │
│  │ requests SUD     │      │ & schedules      │      │ receives their   │    │
│  │ services.        │      │ 4/5/2020 intake. │      │ first SUD        │    │
│  │                  │      │                  │      │ service or       │    │
│  │                  │      │                  │      │ support at       │    │
│  │                  │      │                  │      │ Provider A.      │    │
│  └──────────────────┘      └──────────────────┘      └──────────────────┘    │
│                                                                               │
│  Date of 1st Contact = Request Date = 3/31/2020                               │
│  BH-TEDS Start Date = 4/5/2020                                                │
│  Time to Treatment = 5 days                                                   │
└─────────────────────────────────────────────────────────────────────────────┘
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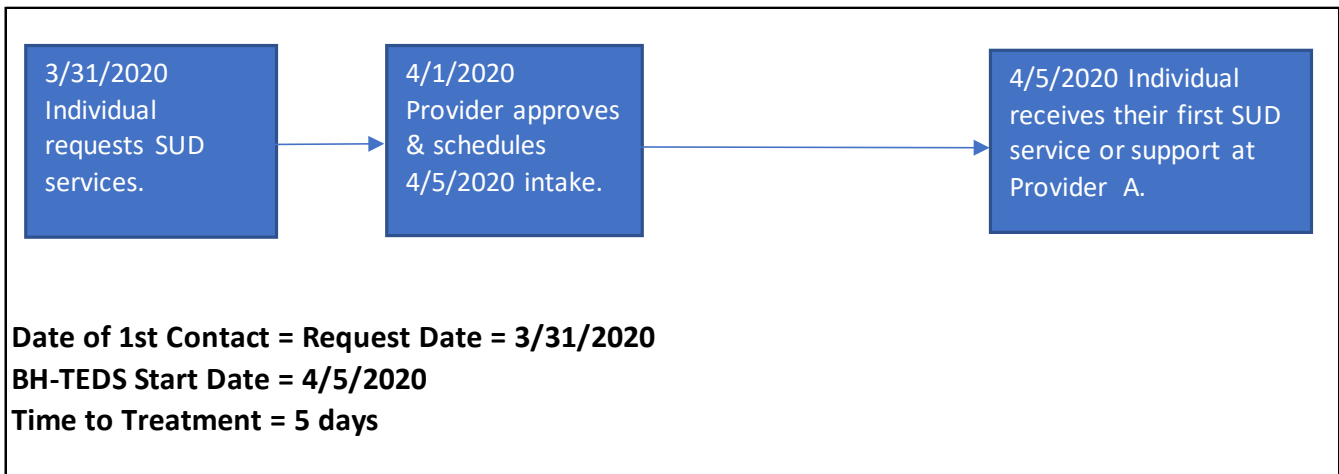
If a person is difficult to reach after leaving an initial request, the date of the person's first request is the request date. The request starts once the person provides their name and contact information. Example:

- 1/1/2020 The person calls for the first time and leaves a message, with name and call-back information, requesting services.
- 1/1/2020 The access center or provider calls the person back, is unable to reach the person but leaves a message.
- 1/15/2020 the person calls back to request services and receives a referral for a BPS Assessment.
- The request date is 1/1/2020.

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┌─────────────────────────────────────────────────────────────────────────────┐
│  ┌──────────────────┐      ┌──────────────────┐      ┌──────────────────┐    │
│  │ 1/1/2020         │      │ 1/15/2020        │      │ 1/16/2020        │    │
│  │ Individual calls │      │ Individual calls │      │ Individual       │    │
│  │ & leaves message │ ───► │ back & receives  │ ───► │ receives their   │    │
│  │ requesting SUD   │      │ referral for SUD │      │ first SUD        │    │
│  │ services. Access │      │ services or      │      │ service or       │    │
│  │ Center calls back│      │ support at       │      │ support at       │    │
│  │ & leaves message │      │ Provider A.      │      │ Provider A.      │    │
│  │ because individual│     │                  │      │                  │    │
│  │ does not answer. │      │                  │      │                  │    │
│  └──────────────────┘      └──────────────────┘      └──────────────────┘    │
│                                                                               │
│  Date of 1st Contact = Request Date = 1/1/2020                                │
│  BH-TEDS Start Date = 1/16/2020                                               │
│  Time to Treatment = 15 days                                                  │
└─────────────────────────────────────────────────────────────────────────────┘
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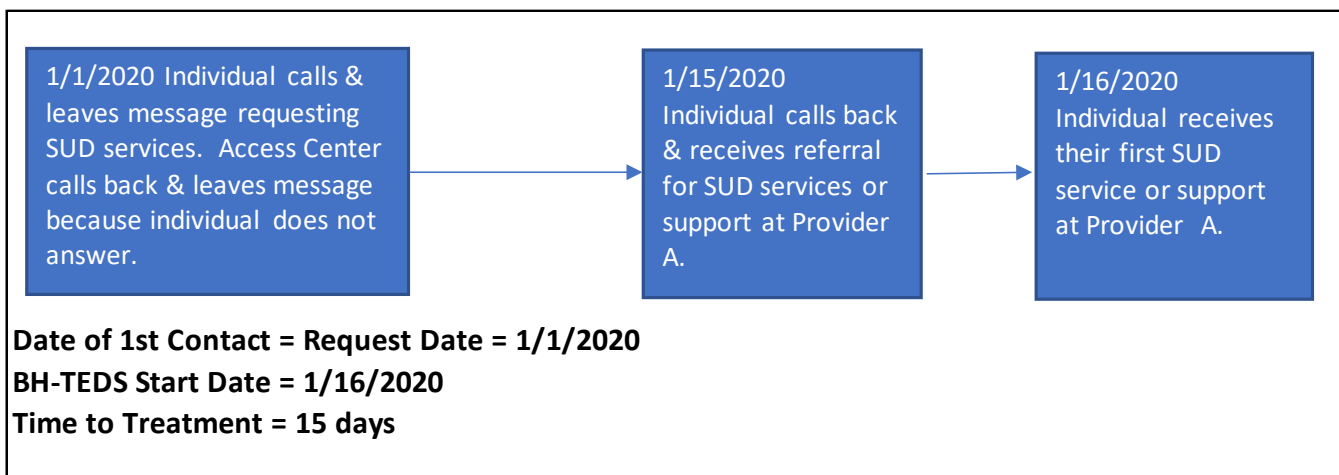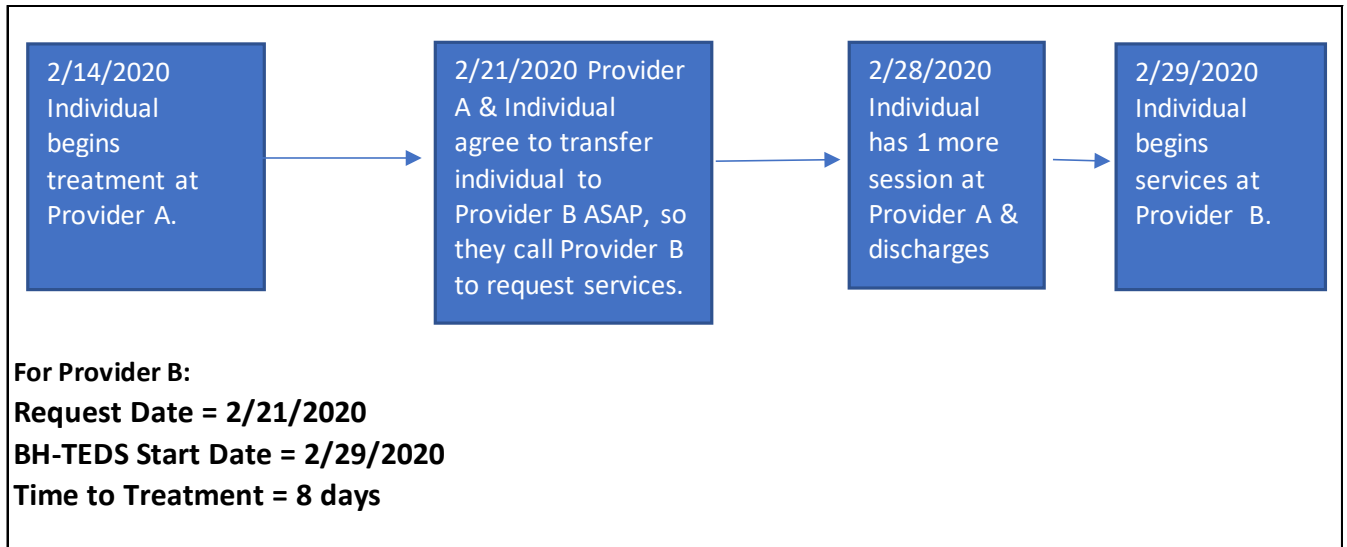
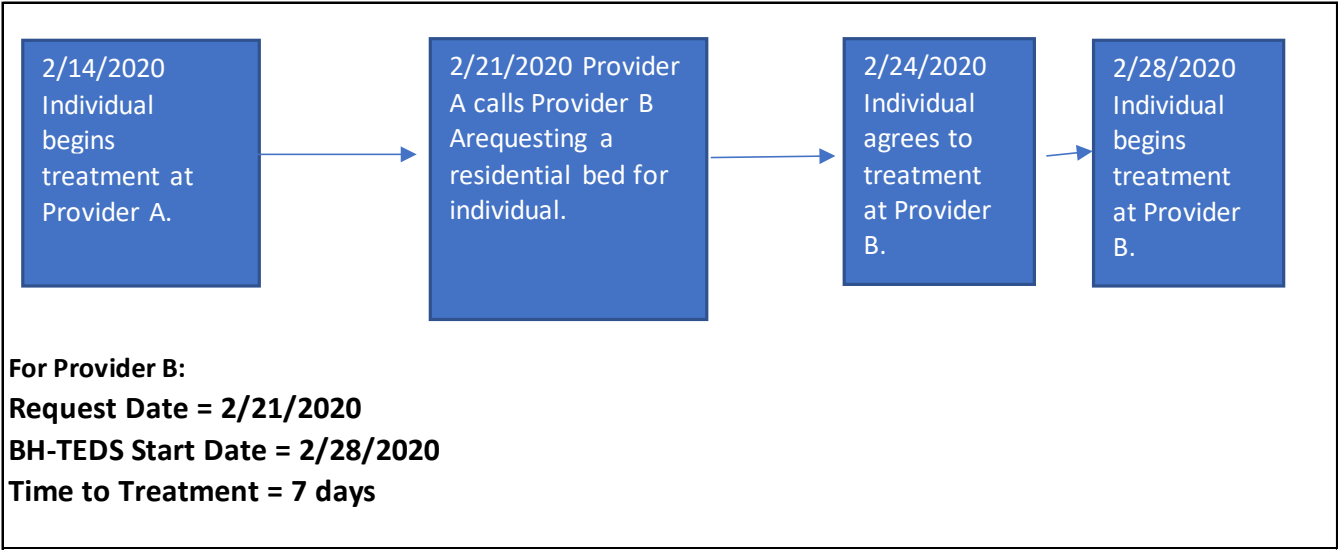- When a person receives a referral from one provider to another. The request date is the date the individual/provider A requests service from Provider B AND the individual is available to transfer. Examples:
  - Provider A Outpatient to Provider B Outpatient - The request date is the date that Provider B receives the request to provide services to the person AND the individual is available to transfer.
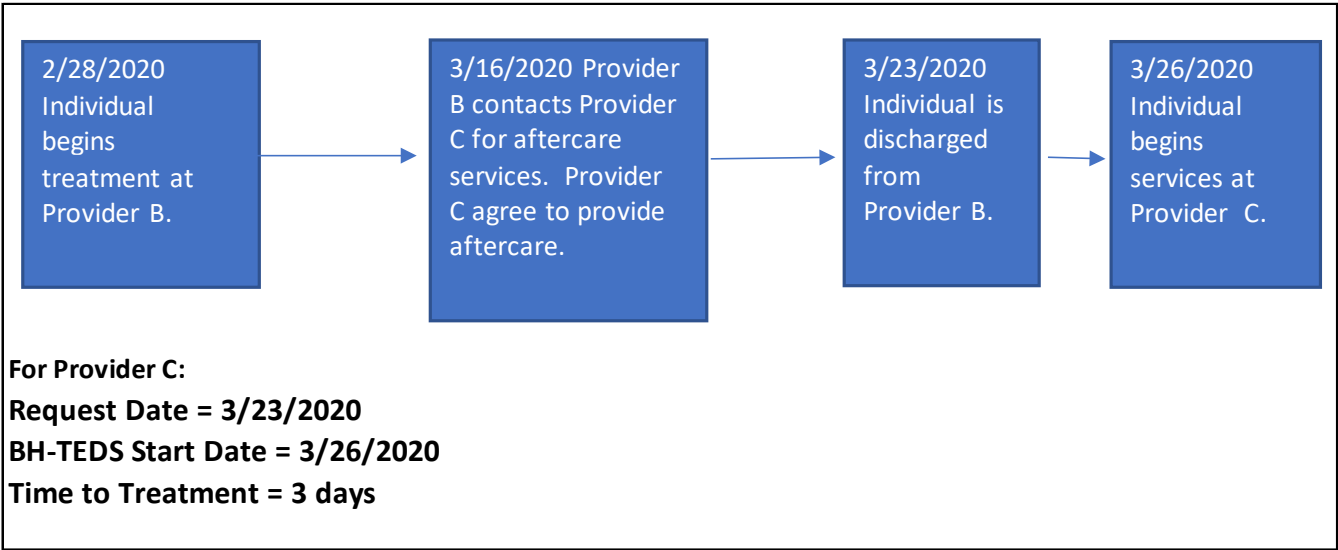
- 2/14/2020 The person starts out a Provider A.
- 2/21/2020 Provider A and the individual agree that the individual will/should transfer to Provider B so they contact Provider B requesting services AND the individual could be discharged from Provider A.
- Provider B offers its next available appointment of 3/1/2020 so Provider A sees the individual for an additional session on 2/28/20.
- 2/28/20 individual is discharged from Provider A.
- A 2/29/2020 The individual begins service at Provider B.
- The request date at Provider B is 02/21/2020 – the date of the request AND the individual was available for transfer and Time to Treatment is 8 days.
- Time to Treatment is 8 days.



2/14/2020 Individual begins treatment at Provider A. → 2/21/2020 Provider A & Individual agree to transfer individual to Provider B ASAP, so they call Provider B to request services. → 2/28/2020 Individual has 1 more session at Provider A & discharges → 2/29/2020 Individual begins services at Provider B.

**For Provider B:**
**Request Date = 2/21/2020**
**BH-TEDS Start Date = 2/29/2020**
**Time to Treatment = 8 days**

o Provider A Outpatient to Provider B Residential – The request date is the date is the date that Provider B receives the request to provide services to the person AND the individual is available to transfer.
- 2/15/2020 The person starts outpatient services at Provider A.
- 2/21/2020 Provider A contacts Provider B to ask to get the person into residential treatment ASAP.
- 2/24/2020 The person agrees to receive treatment from Provider B.
- 2/28/2020 The person starts services at Provider B.
- The request date at Provider B is 2/21/2020.
- Time to Treatment is 7 days.

| 2/14/2020 Individual begins treatment at Provider A. | → | 2/21/2020 Provider A calls Provider B Arequesting a residential bed for individual. | → | 2/24/2020 Individual agrees to treatment at Provider B. | → | 2/28/2020 Individual begins treatment at Provider B. |

**For Provider B:**
**Request Date = 2/21/2020**
**BH-TEDS Start Date = 2/28/2020**
**Time to Treatment = 7 days**

- o Provider B Residential to Provider C Aftercare/Outpatient – The request date is the date is the date that Provider B individual is available (Provider B discharge date) for services from Provider C.
  - 2/28/2020 The person starts residential treatment at Provider B
  - 3/16/2020 Provider B contacts Provider C to ask to get the person into non-intensive outpatient services.
  - 3/20/2020 the person agrees to receive services from Provider C.
  - 3/23/2020 Person is discharged from Provider B residential facility.
  - 3/26/2020 the person starts services at Provider C.
  - The request date at Provider C is 3/23/2020 – the discharge date.
  - Time to treatment is 3 days.

| 2/28/2020 Individual begins treatment at Provider B. | → | 3/16/2020 Provider B contacts Provider C for aftercare services. Provider C agree to provide aftercare. | → | 3/23/2020 Individual is discharged from Provider B. | → | 3/26/2020 Individual begins services at Provider C. |

**For Provider C:**
**Request Date = 3/23/2020**
**BH-TEDS Start Date = 3/26/2020**
**Time to Treatment = 3 days**

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.

**Referral Source – A014** – Federal Field

Description:　　　Describes the person or agency referring the individual to treatment.

| Code | Value Label | Description |
|------|-------------|-------------|
| 01 | Individual | Client, family member, friend, or any individual who would not be included in categories 02-07.  Includes self-referral due to pending DWI/DUI. |
| 02 | SU Provider | Any program, clinic, or other health care provider whose principal objective is treating individuals with SUD or any program whose activities are related to SU prevention and/or education. |
| 03 | Other Health Care Provider | A physician, psychiatrist, nurse, or other licensed health care professional; general hospital; psychiatric hospital; mental health program; or nursing home. |
| 04 | School | A school principal, counselor, or teacher; a student assistance program; the school system; or educational agency. |
| 05 | Employer/EAP | An employee's supervisor, an employee counselor, or an Employee Assistance Program (EAP). |
| 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 AA, Al-Anon, and 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 individuals referred:  by the juvenile justice system, by a court for DUI/DWI, in lieu of prosecution, for deferred prosecution, during pretrial release, before or after official adjudication, or through civil commitment.  Includes clients on pre-parole, prerelease, work, or home furlough or TASC.  Client need not be officially designated as "on parole."  *When '07' is selected, "Detailed Criminal Justice Referral" must have a value of 01-10.* |

Guidelines:

- Enter the 2-character value that best answers the question "Who referred you to this program?"
- 07-Court/Criminal Justice Referral/DUI/DWI should only be selected when the court or criminal justice system sent the individual to treatment.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If 07 is selected, Detailed Criminal Justice Referral (A015) must have a value between 01 and 10.

**Detailed Criminal Justice Referral – A015** – Federal Field

Description:    Describes greater detail about which person/agency in the Criminal Justice or Juvenile Justice System referred the individual to this program.

| Code | Value Label | Description |
|---|---|---|
| ADULTS | | |
| 01 | Federal/State Court | Individual was referred by Circuit, District and Probate Courts. |
| 02 | Other Court | Individual was referred by any other court not included in 01, above. For example: municipal court |
| 03 | Probation/Parole | Individual was referred by their probation or Parole Officer. |
| 04 | Other Recognized Legal Entities | Individual was referred by local law enforcement, corrections, ~~youth services,~~ review board/agency |
| 05 | Diversionary Program | Individual was remanded to treatment in lieu of jail/prison. |
| 06 | Prison | Individual was directed to treatment by the Prison as condition of release or part of furlough program |
| 07 | DUI/DWI | Individual was referred as part of disposition of DUI/DWI case. |
| 08 | Other | Other Adult criminal justice referral not included in responses 01-07. |
| ~~09~~ | ~~Juvenile Found Incompetent, Unable to Be Restored Due to SED~~ | ~~Court ordered mental health services following a competency evaluation which deemed the juvenile incompetent, unable to be restored due to SED.~~ |
| 10 | MDOC SU Treatment Referral | Individual under the supervision of the Michigan Department of Corrections who is no longer incarcerated and is referred for SU services. |
| CHILDREN/YOUTH | | |
| 51 | Juvenile Court - General | Child/youth referred to CMH by juvenile court staff as part of a juvenile delinquency court case-general service/access request. Child/youth currently placed in community-based setting (not a detention center, Child Caring Institution, etc.) Juvenile court staff includes county court staff such as probation officer, caseworker, hearing officer, judge, or referee, etc. |
| 52 | Juvenile Court - Re-entry | Child/youth referred to CMH by juvenile court staff for the purposes of transition planning and community re-entry.  Child/youth currently placed by the Court in an out of home placement setting (i.e., Child Caring Institution, Juvenile detention center, etc.) as part of a juvenile justice delinquency case. This option is intended to reflect referrals made for community re-entry planning and coordination specific to the juvenile justice delinquency case. |
| 53 | MDHHS JJ  - General | Child/youth referred to CMH by Juvenile Justice Worker employed by MDHHS, often referred to as a "Juvenile Justice Specialist", as part of a juvenile delinquency court case-general service/access request. Child/youth currently placed in community-based setting. Please note this option is specific to juvenile justice involvement that is supervised by the local MDHHS office not child welfare involved youth that are being supervised by MDHHS. The only exception to this would be a child/youth that is a dual ward that also has a juvenile delinquency case that is being supervised by an MDHHS worker as well. |

| 54 | MDHHS JJ - Re-entry | Child/youth referred to CMH by Juvenile Justice Worker employed by MDHHS for the purposes of transition planning and community re-entry. Child/youth currently placed in a Child Caring Institution as part of a juvenile justice delinquency case. (Not child welfare case/placement.) |
|----|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 55 | Dept of Community Justice-Wayne County General | Child/youth referred to CMH by the Wayne County Juvenile Justice System/Structure (a.k.a. the Department of Community Justice). Child/youth presently living in a community-based setting, NOT residing in a juvenile detention center, child caring institution, etc. This option only applies to children/youth referred to Wayne County's public mental health system for services. |
| 56 | Dept of Community Justice-Wayne County - Re-entry | Child/youth referred to CMH by the Wayne County Juvenile Justice System/Structure (a.k.a. the Department of Community Justice) for the purposes of community re-entry planning and coordination. Child/youth living in an out of home setting such as a juvenile detention center, child caring institution, juvenile care center, etc. at the time of referral. This option only applies to children/youth referred to Wayne County's public mental health system for services |
| 57 | Mental Health Block Grant Project | Child/youth referred to CMH through mental health block grant funded specialty project (i.e., Mental Health Access/Juvenile Justice Diversion project, Promoting Access and Continuity of Care Project, etc.) |
| 58 | Other Community based prevention/diversion program | Child/youth referred to CMH by a community-based prevention/diversion program, not court owned/operated. This may include those offered through local law enforcement programs, privately operated diversion programs, etc. |
| 59 | Juvenile found incompetent, unable to be restored due to SED w/post 09/30/23 Service Start Date | Juvenile who was referred by Juvenile Court for mental health services, pursuant to statute, based upon a legal finding that the juvenile was "incompetent and unable to be restored due to Serious Emotional Disturbance" (Outcome 3 of the Michigan statute). This finding was made by the (Juvenile) Court after a qualified forensic evaluator (as defined by MCL 712A.1(o)) conducted a juvenile competency evaluation and this specific finding was made by the court. Juvenile referred for mental health services to treat the reported SED. |
| ADULTS AND CHILDREN | | |
| 96 | N/A | Not Applicable -Individual was NOT referred by the Criminal Justice or Juvenile Justice System |

Guidelines:

- Enter the 2-character value that best answers the question "Who specifically in the criminal or juvenile justice system referred you to this program?"
- Responses 01-10 must be selected for an ~~individual~~ adult, aged 19 or older, who was referred by the criminal justice system. (Response 07 to A014, Referral Source).
- Responses 51-59 must be selected for a child/youth, aged 19 or younger, who was referred by the juvenile justice system. (Response 07- to A014, Referral Source.
- Key concepts when choosing a referral source for a court-involved youth:
  o What is the root of the referral: general request for services or part of community re-entry planning?

- o Who is the referral coming from:  Local court worker, Local JJ worker from MDHHS, Dept. of Community Justice-Wayne County, Community Block Grant Program, Community-based prevention or diversion program, or as outcome 3 of the juvenile justice competency status?
- Responses 09 59 must be selected when a court has ordered mental health services following a juvenile competency evaluation which deemed the juvenile incompetent and unable to be restored due to Serious Emotional Disturbance (SED).  This is **very** specific and should ONLY use in cases in which a *court has ordered mental health services following a juvenile competency evaluation which deemed the juvenile incompetent and unable to be restored due to Serious Emotional Disturbance (SED).*  **All** the elements below must be satisfied *as outlined,* for value 09 to be used.
    - o "Upon receipt of a report from a qualified forensic mental health examiner that there is a substantial probability that the juvenile is unable to be restored due to serious emotional disturbance, the court, at its discretion except as provided under the youth rehabilitation services act, 1974 PA 150, MCL 803.301 to 803.309, orders that mental health services be provided to the juvenile by the department, subject to the availability of inpatient care, a community mental health services program, the department of human services, a county department of human services, or another appropriate mental health services provider for a period not to exceed 60 days.
    - o The court retains jurisdiction over the juvenile throughout the duration of the order.
    - o The entity ordered to provide services under this subsection shall continue to provide services for the duration of the period of treatment ordered by the court.
- Response 10-MDOC SU Treatment Referral funded in any part with Block Grant funding should be submitted as an A (not M) record.
- If more than one applies and MDOC SU Treatment Referral is one of them, report 10, MDOC SU Treatment Referral.
- If more than one applies <u>and none </u>of them are MDOC SU Treatment Referral, report the response the individual most strongly identifies as the driving force to treatment.
- Response 96 must be selected for an individual who was referred by anyone BUT the criminal or juvenile justice system.  (Response 01-06 to A014, Referral Source)

<u>Validation Edits:</u>
- If this field is blank or contains an invalid value, the record will be rejected.
- If Criminal Justice System (07) IS selected for Referral Source (A014), 01, 02, 03, 04, 05, 06, 07, 08, 09, or 10, 51, 52, 53, 54, 55, 56, 57, 58, or 59 must be selected for A015.
- If Criminal Justice System (07) IS selected for Referral Source (A014) and Integrated Treatment (A051) is not 1- Integrated Treatment is 'yes', 01, 02, 03, 04, 05, 06, 07, 08, or 09 must be selected for A015.
- If 01, 02, 03, 04, 05, 06, 07, 08, or 10 is reported, the individual must be aged 19 or older.
- If 51, 52, 53, 54, 55, 56, 57, 58 or 59 is reported, the individual must be aged 19 or younger.
- If 55 or 56 is reported, the individual's county of residence (A025) must be 82 (Wayne County) or 84 (City of Detroit).
- If Criminal Justice System (07) is NOT selected for Referral Source (A014), 96 must be reported for A015.

**Type of Treatment Service Setting – A016; DU013** - Federal and State Fields Combined

Description:     Describes type of treatment service or setting in which the client is in at time of Service Start, Update (MH), and Service End.

| For Record Type | Code | Value Label | Description |
|---|---|---|---|
| A, S, D | 02 | ~~Detoxification, 24-hour residential~~ Residential Detox | SU services in 24-hour, free-standing residential setting that provides for safe withdrawal and transition to ongoing SU treatment.  Includes ASAM Levels WM-3.2 and WM 3.7 |
| A, S, D | 04 | ~~Rehabilitation/residential – short term~~ S/T Residential | SU services in non-acute 24-hour settings that typically provide 30 or less days of SU treatment.   Typically includes to ASAM Levels 3.3, 3.5 and 3.7. |
| A, S, D | 05 | ~~Rehabilitation/residential – long term~~ L/T Residential | SU services in non-acute residential settings that typically provide more than 30 days of SU treatment. Typically includes ASAM Levels 3.3 and 3.1. and may include transitional living arrangements such as half-way houses. |
| A, S, D | 06 | ~~Ambulatory –~~ IOP | SU ambulatory intensive outpatient services in a non-acute care setting.  Similar to ASAM Level 2.1 with nine (9) or more hours per week and Level 2.5 with 20 or more hours per week. |
| A, S, D | 07 | ~~Ambulatory – non-intensive~~ O/P | SU ambulatory non-intensive services in outpatient settings which include individual, family, group, case management, and/or pharmacological therapies.  Similar to ASAM Level 1.0, outpatient treatment, non-intensive with less than nine (9) hours per week. |
| A, S, D | 08 | Ambulatory – Detox~~ification~~ | SU ambulatory detoxification services in outpatient settings that provide for safe withdrawal from alcohol and other drugs. Includes pharmacological and non-pharmacological services.  Similar to ASAM Levels WM -1 and WM -2, ambulatory detoxification. |
| M, U, E | 72 | State Psychiatric Hospital | MH services in state-operated, at least partially SAMHSA-funded hospitals (Caro, Center for Forensic Psychiatry, Hawthorn, Kalamazoo, or Walter Reuther) that provide inpatient care to individuals with mental illnesses. |
| M, U, E, Q | 73 | Community Based State MH funded/operated | MH services in mental health centers, specialized residential, SIPs, outpatient clinics, partial hospitalization programs, consumer-run programs, and all community support programs funded and/or operated by MDHHS. |
| M, U, E | 74 | Residential Treatment Center | A non-psychiatric hospital facility or distinct part of a non-hospital facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment. |
| M, U, E, Q | 75 | Other Psychiatric Inpatient | MH inpatient services in private or medical settings licensed and/or contracted through MDHHS (other than the 5 state hospitals). |
| M, U, E, Q | 76 | Institutions Under the Justice System | Mental health services provided in jails, prisons, juvenile detention centers, etc. |
| M, E, Q | 96 | MH Assessment only | MH individuals receiving assessment or evaluation services only. |

<u>Guidelines</u>:

- Values 02 through 08 are used to describe the setting in which the individual is receiving services and SU is paying for SU Services.  Used for A, S, and D records.
- Values 72 through 76 are used to describe the setting in which MH individual is receiving services.  If MH is paying for SU Services, utilize 72-76 and M, U, and E records.
- State Psychiatric Hospital stays require a separate BHTEDS episode.  Michigan State Psychiatric Hospitals (72) are: Caro Center, Center for Forensic Psychiatry, Hawthorn Center, Kalamazoo Psychiatric Hospital, and Walter Reuther Psychiatric Hospital.
- Value 96 is used for MH individual who is receiving assessment-only services.  Assessment-only services cannot be updated.  Only M and E records are allowed for Service Setting Type 96-MH Assessment only.
- An M record with Treatment Service Setting 96-MH Assessment only must be discharged with an E record with Treatment Service Setting 96-MH Assessment only.
- An M record with Treatment Service Setting 72-State Psychiatric Hospital only must be discharged with an E record with Treatment Service Setting 72-State Psychiatric Hospital.
- Values 72-State Psychiatric Hospital and 96 – Assessment Only cannot be changed because they represent is a quasi-key field.  If a 72 or 96 was incorrectly reported, the record with the 72 or 96 value must be deleted and a replacement record with the corrected Treatment Service Setting must be added.
- If an individual is being treated concurrently for co-occurring SU and MH services at **two different settings**, A & D records are submitted for the SU program, with values 02-08 for Service Setting **AND** M, U, & E record are submitted for the MH program, with values 72-76 for service setting.
- If an individual is receiving integrated treatment managed by a single entity under an integrated treatment plan:
  - A & D records with Service Settings 02-08 are submitted if SU is paying for the SU treatment
  - M, U, & E records with Service Settings 72-76 are submitted if MH is paying for the SU treatment.

<u>Validation Edits</u>:
- If this field is blank or contains an invalid value, the record will be rejected.
- If an A or D record reports Place of Service greater than 08, the record will be rejected.
- If an M, U, or E record reports Place of Service less than 72, the record will be rejected.
- If a U record reports Treatment Service Setting 96-MH Assessment only, the record will be rejected.
- If an E record reports Treatment Service Setting other than 96 ties to an M record with a Treatment Service Setting of 96, the record will be rejected.
- If Update (U) or End (E) record reports Treatment Service Category other than 72 ties to an M record with a Treatment Service Setting of 72, the record will be rejected.

**Co-dependent/Collateral/Non-Using SU-Funded Person Served – A017; DU014**– Federal Field

Description:      Substance Use Concept - Identifies whether treatment is for a primary SU problem arising from the individual's relationship with someone with SUD OR if treatment is for Client's own problems regardless of whether MH or SU.

| Code | Value Label | Description |
|------|-------------|-------------|
| 1 | Codep/Collat/Non-User | Codependent/Collateral/Non-Using SU-Funded Individual who has their own client record, being treated at a Substance Use facility because of their relationship with someone who has an SU. |
| 2 | Client | All MH records.  For A, S, and D records, the individual is being treated because of their own SU problems. |

Guidelines:

- If an individual, with their own client record, is being treated because of their relationship with someone who has an SU, select 1-Codependent/Collateral/Non-using SU-Funded Individual.
- If an individual is referred for an SU assessment which is mandated and is paid for with SU funds (i.e., part of a probation requirement) and the assessment finds they do not actually have a substance use problem, the individual is a Non-using SU-Funded individual, select 1-Codependent/Collateral/Non-using SU-Funded Individual.
- If an individual is being treated because of their own MH or SU problems, select 2-Client.
- If an individual with an existing Client record becomes a Co-dependent, a new A record for Co-dependent should be submitted.  Conversely, if an individual with an existing Co-dependent Client record becomes a client, a new A or M record for Client should be submitted.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.
- All M, U, E and Q records must be 2-Client.
- SU (A, D) records with a Service Start Date greater than 09/30/2019 that report a Primary Substance Used other than 01–None must be 2-Client.

**I/DD (Intellectual/Developmental Disability) Designation – A018; DU018– State Field**

Description: Identifies whether the individual meets Michigan's Mental Health Code Definition of Intellectual or Developmental Disability, regardless of whether they receive services from the I/DD or MI service arrays.

| Code | Value Label | Description |
|------|-------------|-------------|
| 1 | Yes | Individual meets Michigan's Mental Health Code Definition of Intellectual or Developmental Disability, regardless of whether they receive services from the I/DD or MI service arrays. |
| 2 | No | Individual does NOT meet Michigan's Mental Health Code Definition of Intellectual or Developmental Disability, regardless of whether they receive services from the I/DD or MI service arrays. |
| 3 | Not evaluated | Unknown if there is documentation that the individual has a severe chronic condition meeting the Michigan Mental Health Code Definition of Intellectual or Developmental Disability |

Guidelines:

- See Appendix A – State of Michigan MDHHS Specialty and Supports Waiver Developmentally Disabled Diagnosis Codes for the current list of I/DD Diagnostic Codes identified in the Behavioral Health Capitation Rate Certification provided by Milliman.
- 'Yes', indicates the individual with one of the diagnoses listed in Appendix A has a documented severe, chronic condition <u>currently meeting the Michigan Mental Health Code Definition of Intellectual or Developmental Disability.</u> The evaluation itself does not have to be performed by the BHTEDS reporting agency.
- An individual with a diagnosis that appears on State of Michigan Department of Health and Human Services Specialty Service and Supports Waiver Developmentally Disabled Diagnosis code list prepared by Milliman should NOT automatically be identified in BHTEDS with an I/DD Designation of 'yes'. The individual must meet the Michigan Mental Health Code definition of intellectual disability.
- Per State of Michigan Mental Health Code:
  - "Developmental Disability", when applied to an individual older than 5 years of age, means a severe, chronic condition that meets all the following requirements:
    - (i) Is attributable to a mental or physical impairment or a combination of mental and physical impairments.
    - (ii) Is manifested before the individual is 22 years old.
    - (iii) Is likely to continue indefinitely.
    - (iv) Results in substantial functional limitations in 3 or more of the following areas of major life activity: Self-care, Receptive and expressive language, Learning, Mobility, Self-direction, Capacity for independent living, Economic self-sufficiency.
    - (v) Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
  - "Developmental Disability, when applied to a minor from birth to 5 years of age, means a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in the section above regarding those older than 5 years of age if services are not provided.

- o "Intellectual disability" means a condition manifesting before the age of 18 years that is characterized by significantly subaverage intellectual functioning and related limitations in 2 or more adaptive skills: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, work.  Further, the diagnosed based on the following assumptions:
    - Valid assessment considers cultural and linguistic diversity, as well as differences in communication and behavioral factors.
    - The existence of limitation in adaptive skills occurs within the context of community environments typical of the individual's age peers and is indexed to the individual's particular needs for support.
    - Specific adaptive skill limitations often coexist with strengths in other adaptive skills or other personal capabilities.
    - With appropriate supports over a sustained period, the life functioning of the individual with an intellectual disability will generally improve.
- 'No' indicates the individual does not currently have a documented severe, chronic condition meeting the Michigan Mental Health Code Definition of Intellectual or Developmental Disability.  If an individual has a history of I/DD but does not currently meet the Michigan Mental Health Code definition, 'No' should be reported.
- 'Not evaluated' indicates the BHTEDS reporting agency does not know if there is documentation that the individual has a severe chronic condition meeting the Michigan Mental Health Code Definition of Intellectual or Developmental Disability.
- An Update record is required whenever an individual's I/DD designation changes as it is utilized in the numerous calculations.  The Update/End Date should be the effective date of when the designation became effective (or no longer effective).
- 3 – Not evaluated is not allowed on Update (S, U) or Service End (D, E) records.  For S, U, D, and E records, 'No' means 'Not Yes', so if it is unclear if the individual meets the Michigan Mental Health Code Definition of Intellectual or Developmental Disability select 'No'.
- If the information becomes known that the individual with I/DD=No should have had an I/DD=Yes at service start date, a Change (correction) record with the original service start date (not an update) should be submitted.  Same applies to the converse.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.
- If this is an S, U, D, or E record and 3 is reported, the record will be rejected.

**MI or SED (Mental Illness or Serious Emotional Disturbance) Designation – A019; DU019**– State Field

Description:    Identifies whether the individual has been evaluated and/or the individual has a DSM MI diagnosis, exclusive of intellectual disability, developmental disability, or substance use disorder OR if the individual has a Serious Emotional Disturbance.

| Code | Value Label | Description |
|------|-------------|-------------|
| 1 | Yes | Individual has as DSM MI diagnosis exclusive of I/DD, SED, or SUD or has an SED. |
| 2 | No | Individual does NOT have a DSM MI diagnosis exclusive of I/DD, SED, or SUD or has an SED. |
| 3 | Not evaluated | Individual has not been evaluated to determine if they have an MI DSM diagnosis or Serious Emotional Disturbance |

Guidelines:

- 'Yes', indicates the individual has an MI DSM Diagnosis exclusive of intellectual disability, developmental disability, or substance use disorder OR has a Serious Emotional Disturbance.  'Yes', does not speak to severity as that is handled in the Detailed SMI/SED Status.  'Yes' is utilized for the entire mild to severe spectrum.  This designation does NOT have to be made as a result of the PIHP's or provider's evaluation; however, the diagnosis must be provided by a licensed clinician, who may or not be directly employed by the PIHP or provider, operating within their scope of practice (i.e., psychiatrist, LMSW, Physician Assistant, Primary Care Physician, etc.).
- 'No' indicates the individual does not have an MI DSM Diagnosis exclusive of intellectual disability, developmental disability or substance use disorder nor is the individual diagnosed with a Serious Emotional Disturbance.
- 'Not evaluated' indicates the individual has not been evaluated to determine if they have an MI DSM diagnosis or Serious Emotional Disturbance.
- An Update record is required whenever an individual's MI designation changes as it is utilized in the DHIP calculation.  The Update/End Date should be the effective date of when the designation became effective (or no longer effective).
- 3 – Not evaluated is not allowed on Update (S, U) or Service End (D, E) records.  For S, U, D, and E records, 'No' means 'Not Yes', so if it is unclear if the individual has an MI Diagnosis exclusive of intellectual disability, developmental disability, or substance use disorder, select 'No'.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.
- If this is an S, U, D, or E record and 3 is reported, the record will be rejected.

**Detailed SMI or SED Status – A020; DU20** – Federal Field

Description:     Indicates if an individual has serious mental illness (SMI) or serious emotional disturbance (SED).

| Code | Value Label | Description |
|------|-------------|-------------|
| 1 | SMI | Individual meets the current Michigan Mental Health Code Definition P.A. 500 of Serious Mental Illness regardless of whether they receive services from the I/DD, or the MI service arrays. |
| 2 | SED | Individual, under age 21, has a Serious Emotional Disturbance as defined in the current Michigan Mental Health Code. |
| 4 | Neither SMI nor SED | Individual does not meet the current Mental Health Code Definition of Serious Mental Illness or have an SED DSM diagnosis. |
| 7 | Not Evaluated | Individual was not evaluated for SMI or SED and does not have an otherwise documented diagnosis of either SMI or SED. |

Guidelines:

- See Appendix B – State of Michigan MDHHS Specialty and Supports Waiver Serious Mental Illness Diagnosis Codes for the current list of SMI Diagnostic Codes identified in the Behavioral Health Capitation Rate Certification provided by Milliman.
- Individuals with mild to moderate MH diagnosis would be captured as response 4, Neither SMI nor SED.
- Coding Guidelines:
  - SMI individual would have MH Designation 1-Yes and SMI/SED of 1-SMI.
  - SED individual would have MH Designation 1-Yes and SMI/SED of 2-SED.
  - Mild to moderate individual would have MH Designation 1-Yes and SMI/SED of 4 Neither SMI nor SED
  - Individual with no MH issue would have MH Designation 2-No and SMI/SED of 4-Neither SMI nor SED on Update (S, U) and Discharge (D, E) records.
  - Crisis Event (Q) and Admission (A, M) records where detailed SMI or SED Status was not established would have SMIS/SED Status of 7-Not evaluated.
  - Update (S, U) and Discharge (D, E) records may not have a Detailed SMI or SED Status of 7-N/A.  If it has not been documented that the individual has an SMI or SED, report 4-Neither SMI nor SED.
- 'Update' the individual's SMI/SED/IDD designation whenever the individual's designation changes.  Minimally, designation should be evaluated and reported at the time of annual review or when you are otherwise submitting a BHTEDS record.  Further, that update should be based on clinical and service determination and not automatic designation of SMI if the individual is over 18 years old.  The designation that reflects the individual's condition and service qualification at the time of the individual's reassessment should be selected.

Validation Edits:
- If the individual is younger than 18 and 1-SMI is reported, the record will be rejected.
- If individual is older than 21 and 2 – SED is reported, the record will be rejected.
- If 7-Not Evaluated is reported on an Update (S, U) or Discharge (D, E) record, the record will be rejected.
- If this field is blank or contains an invalid value, the record will be rejected.

**Prior Treatment Episodes – A021– Federal Field**

Description:     Attempts to answer the question: "How many times have you tried to address this problem at any treatment provider?"

| Code | Value Label | Comments |
|------|-------------|----------|
| 0 | 0 previous episodes | |
| 1 | 1 previous episode | |
| 2 | 2 previous episodes | Do NOT include Assessment-only services in the count. |
| 3 | 3 previous episodes | |
| 4 | 4 previous episodes | |
| 5 | 5 or more previous episodes | |
| 7 | Unknown | |

Guidelines:

- Only include treatment admissions.  Do NOT include assessment only services in the count.
- Is based on self-report; however, efforts should be made to ascertain a relatively accurate report based upon information available to the interviewer (i.e., prior episodes in your data system).

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.

**Date of Birth – A022** – Federal Field

Description:       The individual's date of birth.

| Value | <mark>Description</mark> |
|-------|-------------|
| MMDDYYYY | Concatenation of 2-digit-month, 2-digit-day, and 4-digit-year identifying the individual's date of birth. |

Guidelines:

- Use valid calendar dates.

Validation Edits:

- If this field is blank, the record will be rejected.
- If the field is not a valid calendar date (i.e., 02302015), the record will be rejected.
- The Date of Birth must be prior to the Service Start Date.
- The individual's age is calculated by subtracting the Date of Birth from the Service Start Date then dividing by 365.25.
    - For SU and Integrated MH records, the Age of First Use (Primary, Secondary, and Tertiary) must be less than or equal to the individual's current age.

**Sex Assigned at Birth – A023** – Federal Field

Description:     Identifies the sex individual was assigned at birth.

| Code | Value Label |
|------|-------------|
| 1    | Male        |
| 2    | Female      |

Guidelines:

- Pregnant individuals must be identified as female for sex assigned at birth.
- If an individual was intersex at birth, select the sex that was assigned.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.
- If Pregnant on Service Start Date (A024) is Yes, Sex Assigned at Birth must be female.

**Pregnant on Service Start Date – A024** – Federal Field

Description:       Indicates whether a female entering treatment was pregnant on the Service Start Date.

| Code | Value Label | Description |
|------|-------------|-------------|
| 1 | Yes | Yes, female individual was pregnant on the date service started. |
| 2 | No | No, female individual was not pregnant on the date service started. |
| 6 | N/A | N/A – Male adult or prepubescent child. |
| 7 | Unknown | Unknown for this crisis event (Q records only). |
| 8 | Not Collected | Not collected – MH BHTEDS full record exception (M records only) |

Guidelines:

- If it is subsequently determined that a female reported not being pregnant on the Service Start Date when in fact she was, a Change (C) record must be submitted to correct the misreport.  Conversely, if it is subsequently determined that female reported being pregnant on the Service Start Date when in fact she was not, a Change (C) record must be submitted to correct the misreport.
- If an individual identifies with being a male, but is pregnant, 1-Yes must be reported for Pregnant on Service Start Date and 2-Female must be reported for Sex Assigned at Birth (A023).
- If an individual becomes pregnant during treatment, it is not reported anywhere in BHTEDS.
- 8 is only available for MH (M) records and used to report if the answer was not collected.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.
- If 1-Male is selected for Sex Assigned at Birth (A023) and anything but 6 is selected, the record will be rejected.
- For Service Start (A, M) Records, if 7 is reported, Service Start Date must be less than 10/01/2017.
- 7 is a valid response for MH Crisis Event (Q) records and used to report the information was not collected.
- If this is an SU (A) or Crisis Event record (Q) and 8 is reported, the record will be rejected.
- If 8 is reported for a Mental Health Record (M) and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected.  If 8 is reported for a Mental Health Record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

**Gender Identity – A072 & DU050** – State Field

Description:  Answers the question, what is your gender identity.

| Code | Value Label | Description |
|------|-------------|-------------|
| 01 | Man/Cisgender Man | Individual assigned male at birth who identifies as a man. |
| 02 | Woman/Cisgender Woman | Individual assigned female at birth who identifies as a woman. |
| 03 | Transgender (or Trans) Man | Individual assigned female at birth who identifies as a man.  Many transgender people will transition to align their gender expression with their gender identity; however, transition is not required to be transgender. |
| 04 | Transgender (or Trans) Woman | Individual assigned male at birth who identifies as a woman.  Many transgender people will transition to align their gender expression with their gender identity; however, transition is not required to be transgender. |
| 05 | Agender | Someone who does not identify themselves as having a particular gender. |
| 06 | Androgynous | An individual whose gender is simultaneously feminine and masculine, though not necessarily in equal amounts. |
| 07 | Bigender | Someone who identifies as both man and woman. |
| 08 | Genderfluid | Someone whose gender identity is not fixed but can move fluidly along the spectrum from masculinity to femineity.  Their gender may fluctuate throughout the day, over weeks or months, or depending on their environment. |
| 09 | Gender Questioning/ Questioning | Someone who is in the process of deciding which gender identity suits them best.  It may lead to a change in gender identity or a confirmation of the gender identity a person previously held. |
| 10 | Non-binary/Genderqueer | An umbrella term for individuals who do not subscribe to traditional genders.  People who experience their gender identity as outside the man/woman binary.  May encompass demi-gender, grey gender, metagender, multi-gender, polygender, third gender, trigender. |
| 11 | Two Spirit | A term created by First Nations/Native American/Indigenous peoples whose gender exists in ways that challenge colonial constructions of a gender binary.  This term should not be appropriated to describe people who are not First Nations/Native American/Indigenous members. |
| 90 | Other | Individual identifies as a gender other than those listed here. |
| 95 | Chose Not to Disclose | Individual does not want to disclose their gender identity. |
| 97 | Unknown for this Crisis Event (Q only) | |
| 98 | Not Collected – BHTEDS full record exception (M, U, E records only) | |

Guidelines:

- Gender identity is a person's internal understanding and experience of their gender.  It is separate from their sex assigned at birth.  Since it is a personal experience, gender cannot be assigned, measured, or disproved by anyone else.
- Pronouns do not dictate gender identity.
- PIHP systems may have a text field accompanying 90-Other, but it is not submitted to MDHHS.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.

**County of Residence – A025** – State Field

Description:     Indicates the county, or out state, in which the individual resides.

| Code | County | | Code | County | | Code | County | | Code | County |
|---|---|---|---|---|---|---|---|---|---|---|
| 00 | Out of State *(Other than those listed in codes 85-89)* | | 21 | Delta | | 45 | Leelanau | | 69 | Otsego |
| | | | 22 | Dickinson | | 46 | Lenawee | | 70 | Ottawa |
| | | | 23 | Eaton | | 47 | Livingston | | 71 | Presque Isle |
| | | | 24 | Emmet | | 48 | Luce | | 72 | Roscommon |
| 01 | Alcona | | 25 | Genesee | | 49 | Mackinaw | | 73 | Saginaw |
| 02 | Alger | | 26 | Gladwin | | 50 | Macomb | | 74 | St. Clair |
| 03 | Allegan | | 27 | Gogebic | | 51 | Manistee | | 75 | St. Joseph |
| 04 | Alpena | | 28 | Grand Traverse | | 52 | Marquette | | 76 | Sanilac |
| 05 | Antrim | | 29 | Gratiot | | 53 | Mason | | 77 | Schoolcraft |
| 06 | Arenac | | 30 | Hillsdale | | 54 | Mecosta | | 78 | Shiawassee |
| 07 | Baraga | | 31 | Houghton | | 55 | Menominee | | 79 | Tuscola |
| 08 | Barry | | 32 | Huron | | 56 | Midland | | 80 | Van Buren |
| 09 | Bay | | 33 | Ingham | | 57 | Missaukee | | 81 | Washtenaw |
| 10 | Benzie | | 34 | Ionia | | 58 | Monroe | | 82 | Wayne *(excluding the City of Detroit)* |
| 11 | Berrien | | 35 | Iosco | | 59 | Montcalm | | | |
| 12 | Branch | | 36 | Iron | | 60 | Montmorency | | | |
| 13 | Calhoun | | 37 | Isabella | | 61 | Muskegon | | 83 | Wexford |
| 14 | Cass | | 38 | Jackson | | 62 | Newaygo | | 84 | Wayne - City Of Detroit |
| 15 | Charlevoix | | 39 | Kalamazoo | | 63 | Oakland | | | |
| 16 | Cheboygan | | 40 | Kalkaska | | 64 | Oceana | | 85 | Wisconsin |
| 17 | Chippewa | | 41 | Kent | | 65 | Ogemaw | | 86 | Indiana |
| 18 | Clare | | 42 | Keweenaw | | 66 | Ontonagon | | 87 | Ohio |
| 19 | Clinton | | 43 | Lake | | 67 | Osceola | | 88 | Illinois |
| 20 | Crawford | | 44 | Lapeer | | 68 | Oscoda | | 89 | Canada |

Guidelines:

- Enter the 2-digit code that corresponds to the individual's residence.
- Except for the following, all codes correspond to a Michigan county:  84=City of Detroit, 85=Wisconsin, 86=Indiana, 87=Ohio, 88=Illinois, 89=Canada, 00=Out-state except those listed in 85-89.
- This is not the field to use to describe a person as "homeless".  Even if the individual has no fixed address and is, in fact, homeless, please code the county in which they are located (i.e., county the shelter is located).  Homelessness should be noted in Living Arrangements (A052 and DU035) as 01.

Validation Edits:

If this field is blank or contains an invalid value, the record will be rejected.

**Race – A026** – Federal Field

Description:      Identifies the individual's race.

| Code | Value Label | Description |
|------|-------------|-------------|
| 01 | Alaskan Native (Aleut, Eskimo) | Individual having origins in any of the original peoples of Alaska (Aleut) |
| 02 | American Indian (Non-Alaskan native) | Individual Non-Alaskan Native having origins in any of the original peoples of North, Central, or South America who maintain tribal affiliation or community attachment. |
| 04 | Black or African American | Individual having origins in any of the black racial groups of Africa. |
| 05 | White | Individual having origins in any of the original peoples of Europe, the Middle East, or North Africa |
| 13 | Asian | Individual having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (i.e., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam) |
| 20 | Other Single Race | Use this category for instances in which the individual does not identify with any of the categories listed or whose origins, because of area custom, is regarded as a racial class distinct from the above categories. |
| 21 | Two or More Races | Individual having origins in two or more of the races |
| 23 | Native Hawaiian or Other Pacific Islander | Individual having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| 97 | Refused to Provide | Individual refused (A, M, Q) or unable (Q) to provide race they associate her/himself with, so the race is unknown. |

Guidelines:

- Enter the 2-character value that corresponds to the race which the individual considers him/herself.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.

**Hispanic or Latino Ethnicity – A027** – Federal Field

Description:    Identifies the individual's specific Hispanic or Latino origin, if applicable.

| Code | Value Label | 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 Spanish culture (including Spain) other than Puerto Rican, Mexican, or Cuban, regardless of race. |
| 05 | N/A | Not of Hispanic or Latino Origin |
| 06 | ~~Hispanic or Latino – Specific Origin not Specified~~ Unspecified | Of Hispanic or Latino origin, but the origin is not known or specified |
| 97 | Unknown | Individual in crisis refused to provide, or it is unknown if they are of Hispanic or Latino origin. (Q record only) |

Guidelines:

- Enter the 2-character value that corresponds to the Hispanic or Latino Ethnicity the individual considers him/herself.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- For M or A records, if 97 is reported and the Service Start Date is after 09/30/2022, the record will be rejected.

**Currently in Mainstream Special Education Status – A028; DU021** – State Field

Description:      Identifies whether or not the individual is currently in mainstream education with Special Education Status (i.e., through use of an Individualized Education Plan (IEP))

| Code | Value Label | Description |
|------|-------------|-------------|
| 1 | Yes | Individual is receiving special education services within a mainstream classroom |
| 2 | No | Individual is not receiving special education services within a mainstream classroom |
| 6 | N/A | Individual is not school age |
| 7 | Unknown for this Crisis Event (Q) record. | |
| 8 | Not collected – MH BHTEDS full record exception | |

Guidelines:

- If the individual is not 3-17 years old or 00-26 and protected by Michigan Special Education Law, this field is not-applicable as the individual is not school-age.  So, if the individual is clearly over the ages listed (i.e., in his late 20s or older), select 6-Not Applicable even if it is a co-located or crisis-only service.
- If the individual is receiving special education services within a mainstream classroom, whether part of or all of the day, choose 1.
- If the individual is not receiving special education service within a mainstream classroom, choose 2.
- If the individual does not have special education needs, choose 2.
- If it is not known that the individual is receiving special education services within a mainstream classroom and it is not a MH BHTEDS full record exception, choose 2.
- 7 is not a valid response for MH (M, U, E) records with a Service Start Date greater than 09/30/2017; however, it may be used when submitting 'old' pre-10/01/2017 records.
- 7 is a valid response for Crisis Event (Q) records, regardless of Service Start Date.
- 8 is only available for MH (M, U, E) records and used to report if the answer was not collected.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.
- For SU (A, S, D), MH (M, U, E), and MH Crisis Event (Q) records where the individual is older than 26, '6-Not applicable' must be reported; however, when submitting 'old' pre-10/01/2017 records, 2 may be reported.
- For SU (A, S, D) and MH (M, U, E) records where 7 is reported, Service Start Date must be less than 10/01/2017.
- If this is an SU (A, S, D) or Crisis Event (Q) record and 8 is reported, the record will be rejected.
- If 8 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected.  If 8 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.
- If 8 is reported for a MH Service Update/End (U/E) and the Service Update/End Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying

why the information was not collected.  If 8 is reported for MH Service Update/End record and the Service Update/End Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

**Education – A029; DU022 -** Federal Field

Description:     Specifies either:  a.) the highest school grade completed for those no longer attending school; b.) current school grade for individuals aged 3-17 not protected by State of Michigan Special Education Law; c.) current school grade or special education classroom status for individuals 00-26 who are protected by State of Michigan special Education Law.

| Code | Value Label | Description |
|------|-------------|-------------|
| 00 | None | No Schooling or Less Than One School Grade |
| 72 | Pre-K | Nursery school, Pre-school, or Head Start |
| 73 | Kindergarten | Is in or most recently completed Kindergarten |
| 74 | Special Ed Classroom | Self-contained Special Education Class – No Grade Level Equivalent |
| 01 | Grade 1 | Is in or most recently completed 1$^{st}$ grade. |
| 02 | Grade 2 | Is in or most recently completed 2$^{nd}$ grade. |
| 03 | Grade 3 | Is in or most recently completed 3$^{rd}$ grade. |
| 04 | Grade 4 | Is in or most recently completed 4$^{th}$ grade. |
| 05 | Grade 5 | Is in or most recently completed 5$^{th}$ grade. |
| 06 | Grade 6 | Is in or most recently completed 6$^{th}$ grade. |
| 07 | Grade 7 | Is in or most recently completed 7$^{th}$ grade. |
| 08 | Grade 8 | Is in or most recently completed 8$^{th}$ grade. |
| 09 | Grade 9 | Is in or most recently completed 9$^{th}$ grade. |
| 10 | Grade 10 | Is in or most recently completed 10$^{th}$ grade. |
| 11 | Grade 11 | Is in or most recently completed 11$^{th}$ grade. |
| 12 | Grade 12/GED | Is in or most recently completed 12$^{th}$ grade OR earned GED. |
| 13 | College Year 1 | Is in 1$^{st}$ year of college or most recently completed 1 Year of College/University |
| 14 | College Year 2 | Is in 2$^{nd}$ year of college, most recently completed 2 Years of College/University or has an associate degree |
| 15 | College Year 3 | Is in 3$^{rd}$ year of college or most recently completed 3 Years of College/ University |
| 16 | College Year 4 | Is in 4$^{th}$ year of college, or most recently completed 4 Years of College/ University or has a bachelor's degree |
| 70 | Post-Bachelor | Is in or most recently completed Graduate or other post-bachelor's level professional school |
| 71 | Vocation | Is in or completed Vocational School |
| 97 | Unknown | Unknown for this Crisis Event (Q) |
| 98 | Not collected | Not collected – MH BHTEDS full record exception (M, U, E) |

Guidelines:

- For children less than 3 years old who are not covered by State of Michigan Special Education Law, use code 00 No schooling or Less Than One School Grade.
- If school recently ended for the year, enter the recent school level completed, not the grade to which the child is advancing in the next school year.
- For children home-schooled or in special education, but have been mainstreamed in regular school grades, report the equivalent grade level.

- For individuals protected by State of Michigan Special Education Law (age 00-26), in a specialized education setting that has an equivalent school grade level, report the school grade level.
- For individuals protected by State of Michigan Special Education Law (age 00-26), in a special education class that does not have an equivalent school grade level, report 74.
- For individuals who completed school under the State of Michigan Special Education Law, enter the school grade level equivalent of the last grade completed or 74 if school was completed in a setting without grade equivalent.
- For individuals no longer attending school, enter the code of the highest-grade level completed.
- For children who spend part of their day in a self-contained special education class with no grade level equivalent and part of their day in a mainstream setting, report the code that reflects where they spend the preponderance of the day.
- School includes, but is not limited to, any one or combination of home-schooling, online education, alternative school, vocational school, or regular school (public, private, charter, traditional, military, magnet, parochial, etc.) at which the child is enrolled in any of the following school grade levels:  nursery/pre-school (including Head Start), kindergarten, elementary/middle school (Grades 1-8), middle/high school (Grades 9-13, including GED), vocational school, community college, college, university, graduate or professional school.
- Nursery school is defined as a group or class organized to provide educational experiences for children during the year(s) preceding kindergarten.  It includes instruction as an important and integral phase of its program of childcare.  It can be full or half-day.
- Private homes in which primarily custodial care is provided are not considered nursery schools.
- Kindergarten may be full or half-day.
- 97 is not a valid response for SU (A, S, D) or MH (M, U, E) records with a Service Start Date greater than 09/30/2017; however, it may be used when submitting 'old' pre-10/01/2017 records.  After 09/30/2017, 97 is only valid for Crisis Event (Q) records.
- 98 is only available for MH (M, U, E) records and used to report if the answer was not collected.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.
- For SU (A, S, D) and MH (M, U, E) records where 97 is reported, Service Start Date must be less than 10/01/2017. After 09/30/2017, 97 is only valid for Crisis Event (Q) records.
- If this is an SU (A, S, D) or Crisis Event record (Q) and 98 is reported, the record will be rejected.
- If 8 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected.  If 98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.
- If 8 is reported for a MH Service Update/End (U/E) and the Service Update/End Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected.  If 98 is reported for MH Service Update/End record and the Service Update/End Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

**School Attendance Status – A030; DU023** – Federal Field

Description:    Specifies the school attendance status of school-age individuals (3-17 years old) or individuals protected by the State of Michigan Special Education Law (00-26 years old) who are receiving education and/or mental health services.

| Code | Value Label | Description |
|------|-------------|-------------|
| 1 | Yes | Individual has attended school at any time in the last 3 months. |
| 2 | No | Individual has not attended school at any time in the last 3 months. |
| 6 | N/A | Individual is not aged 3-17 or aged 0-26 and protected by IDEA. |
| 7 | Unknown | Unknown for this Crisis Event (Q) record. |
| 8 | Not collected | Not collected for due to MH BHTEDS full record exception.  (M, U, E records only) |

Guidelines:

- It is not the intent of this element to identify children who are in Special Education.  The intent is to ensure reporting of persons 18-21 protected by IDEA.  Since Michigan provides for Special education services from age 00-26 (beyond IDEA requirements), Michigan's intent is to ensure reporting of all eligible individuals.
- If the individual is not 3-17 years old or 00-26 and protected by Michigan Special Education Law, this field is not applicable.  So, if the individual is clearly over the ages listed (i.e., in his 30s or older), select 06-Not Applicable even if it is a co-located or crisis-only service.
- School includes, but is not limited to, any one or combination of home-schooling, online education, alternative school, vocational school, or regular school (public, private, charter, traditional, military, magnet, independent, parochial, etc.) at which the child is enrolled in any of the following school grade levels:  nursery/pre-school (including Head Start), kindergarten, elementary/middle school (Grades 1-8), middle/high school (Grades 9-13, including GED), vocational school (including business, technical, secretarial or trade school).  It includes higher education only if the individual is not yet 18 years old.
- For SU (A, S, D) and MH (M, U, E) records, 7 is not a valid response for records with a Service Start Date greater than 09/30/2017; however, it may be used when submitting 'old' pre-10/01/2017 records.  After 09/30/2017, 7 is only valid for Crisis Event (Q) records.
- 8 is only available for MH (M, U, E) records and used to report if the answer was not collected.

Validation Edits:
- If the individual is between 3 and 17 and 6 is reported, the record will be rejected.
- If the individual is older than 26 and 6 is not reported, the record will be rejected.
- If this field is blank or contains an invalid value, the record will be rejected.
- If 7 is reported for an SU (A, S, D) or MH (M, U, E) record, Service Start Date must be less than 10/01/2017.
- If this is an SU (A, S, D) or Crisis Event record and 8 is reported, the record will be rejected.
- If 8 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected.  If 8 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

- If 8 is reported for a MH Service Update/End (U/E) and the Service Update/End Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected.  If 8 is reported for MH Service Update/End record and the Service Update/End Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

**Marital Status - A031** – Federal Field

Description:      Describes the individual's marital status utilizing categories compatible with categories utilized in the U.S. Census.

| Code | Value Label | Description |
|------|-------------|-------------|
| 01 | Never Married | Includes individuals who are single or whose only marriage was annulled. |
| 02 | Married/Cohab. | Includes married couples and those living together as married, living with partners, or cohabiting |
| 03 | Separated | Includes those legally separated or otherwise absent from spouse due to marital discord. |
| 04 | Divorced | |
| 05 | Widowed | |
| 97 | Unknown | Unknown for this crisis event (Q record) |
| 98 | Not collected | Not collected due to a MH BHTEDS full record exception (M) |

Guidelines

- 97 is not a valid response for SU (A) or MH (M) records with a Service Start Date greater than 09/30/2017; however, it may be used when submitting 'old' pre-10/01/2017 records.  After 09/30/2017, 97 is only valid for Crisis Event (Q) records.
- 98 is only available for MH (M) records and used to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If 97 is reported for an SU (A) or MH (M) record, Service Start Date must be less than 10/01/2017.
- If this is an SU (A) or Crisis Event (Q) record and 98 is reported, the record will be rejected.
- If 98 is reported for a Mental Health Record (M) and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected.  If 98 is reported for a Mental Health Record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

**Client or Family Military Serve – A069** – State Field

Description:    Indicates whether or not an individual and/or their family member(s) have served in the military.

| Code | Value Label | Description |
|------|-------------|-------------|
| 01 | Yes | Client or family member served in the military |
| 02 | No | Neither client nor family member served in the military |
| 95 | N/A FY17 | Not applicable for FY17 record submitted in later format. |
| 97 | Unknown | Unknown for this Crisis Event (Q) |
| 98 | Not collected | Not collected due to MH BHTEDS full record exception (M) |

Guidelines:

- Select 01-Yes if the client or a member of the client's family has ever served in the military or reserves, regardless of veteran status.  Veteran Status is not the focus of this field because an individual may serve in the military (Yes-01) without obtaining veteran status of '1-Veteran'.
- For this field, family is defined as immediate family:  spouse, mother, father, stepparent, adopted parent, sibling, half-sibling, and child.
- Report 95 if this is a FY17 record being submitted in the FY18 or later format.
- 97 is only a valid response for Crisis Event (Q) records.
- 98 is only available for MH (M) records and used to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If 95 is reported, Service Start Date must be less than 10/01/2017.
- If this is an SU record (A) and 97 or 98 is reported, the record will be rejected.
- If this is a MH (M) record and 97 is reported, the record will be rejected.
- Invalid Client/Family Military Service - If Service Start Date greater than 09/30/2020 ad Veteran Status = '1-Veteran', Client/Family Military Service must be 01.
- If 98 is reported for a MH Service Start record (M) Start and the Service Start Date is greater than 09/30/2017 and less than 09/30/2019, the BHTEDS Full Record exception field must have a value between 03 and 09, identifying why the information was not collected.  If 98 is collected for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

**Most Recent Military Service Era – A067** – State Field

Description:      Indicates the most recent Military Service Era in which the individual served or was in the reserves, regardless of Veteran Status.

| Code | Value Label | Description |
|------|-------------|-------------|
| 01 | WWII | |
| 02 | Korea | |
| 03 | Vietnam | |
| 04 | Desert Storm | |
| 05 | Post 9/11 | Post 9/11 (OIF/OEF/OND) |
| 06 | Peace | Peace time era |
| 95 | N/A FY17 | Not applicable for FY17 record submitted in later format. |
| 96 | N/A | Not applicable – No military service |
| 97 | Unknown | Unknown for this Crisis Event (Q) |
| 98 | Not collected | Not collected due to MH BHTEDS full record exception (M) |

Guidelines:

- If the individual served/was in the reserves during more than one military era, report the most recent one.
- Report 95 if this is a FY17 record being submitted in the FY18 or later format.
- Report 96 if the individual never served in the military or reserves.
- 97 is only a valid response for Crisis Event (Q) records.
- 98 is only available for MH (M) records and used to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If 95 is reported, Service Start Date must be less than 10/01/2017.
- If this is an SU record (A) and 97 or 98 is reported, the record will be rejected.
- If this is a MH (M) record and 97 is reported, the record will be rejected.
- Invalid Most Recent Military Service Era - If Service Start Date greater than 09/30/2020 and Veteran Status = '1-Veteran', Most Recent Military Service Era must be 01, 02, 03, 04, 05, or 06.
- If 98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2017 and less than 09/30/2019, the BHTEDS Full Record exception field must have a value between 03 and 09, identifying why the information was not collected.  If 98 is collected for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

**Branch Served In – A068** – State Field

Description:    Indicates which branch of service the individual's most recent Military Service Era was in, regardless of Veteran Status.

| Code | Description |
|------|-------------|
| 01 | Army |
| 02 | Armed National Guard |
| 03 | Navy |
| 04 | Air Force |
| 05 | Air National Guard |
| 06 | Marines |
| 07 | Coast Guard |
| 08 | Space Force |
| 95 | Not applicable for FY17 record submitted in later format. |
| 96 | Not applicable – No military service |
| 97 | Unknown for this Crisis Event (Q) |
| 98 | Not collected due to MH BHTEDS full record exception (M) |

Guidelines:

- Report the branch in which the individual served/was in the reserves for the military era reported in most recent military service era (A067).
- Report 95 if this is a FY17 record being submitted in the FY18 or later format.
- Report 96 if the individual never served in the military or reserves.
- 97 is only a valid response for Crisis Event (Q) records.
- 98 is only available for MH (M) records and used to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If 95 is reported, Service Start Date must be less than 10/01/2017.
- If this is an SU record (A) and 97 or 98 is reported, the record will be rejected.
- If this is a MH (M) record and 97 is reported, the record will be rejected.
- Invalid Branch Served In - If Service Start Date greater than 09/30/2020 and Veteran Status = '1-Veteran', Branch Served In must be 01, 02, 03, 04, 05, 06, 07, or 08.
- If 98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2017 and less than 09/30/2019, the BHTEDS Full Record exception field must have a value between 03 and 09, identifying why the information was not collected.  If 98 is collected for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

**Client/Family Enrolled in/Connected to VA/Veteran Resources/Other Support & Service Organizations – A070** – State Field

Description:     Indicates whether or not an individual and/or member of their family is connected to veteran-related resources.

| Code | Value Label | Description |
|------|-------------|-------------|
| 01 | Yes | Client and/or family member is connected to VA-related services/support |
| 02 | No | Neither client nor family member is connected to any VA-related services/support |
| 95 | N/A FY17 | Not applicable for FY17 record submitted in a later format |
| 97 | Unknown | Unknown for this Crisis event (Q) |
| 98 | Not collected | Not collected due to MH BHTEDS full record exception (M) |

Guidelines:

- For the purpose of this field, family is defined as immediate family:  spouse, mother, father, sibling, half-sibling, and child.
- Report 95 if this is a FY17 record being submitted in the FY18 or later format.
- 97 is only a valid response for Crisis Event (Q) records.
- 98 is only available for MH (M) records and used to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If 95 is reported, Service Start Date must be less than 10/01/2017.
- If this is an SU record (A) and 97 or 98 is reported, the record will be rejected.
- If this is a MH (M) record and 97 is reported, the record will be rejected.
- Invalid VA/Other Support Services - If Service Start Date greater than 09/30/20/20 and Veteran Status = '1-Veteran', Individual/Family connected to VA or other supported services must be 01 or 02.
- If 98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2017 and less than 09/30/2019, the BHTEDS Full Record exception field must have a value between 03 and 09, identifying why the information was not collected.  If 98 is collected for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

**Veteran Status – A032** – Federal Field

Description:    Indicates whether the individual has served in the uniformed services (Army, Navy, Air Force, Marine Corps, Coast Guard, or Public Health Service Commissioned Corps).

| Code | Value Label | Description |
|------|-------------|-------------|
| 1 | Yes | Yes, individual is a Veteran |
| 2 | No | No, individual is not a Veteran |
| 7 | Unknown | Unknown for this Crisis Event (Q) |
| 8 | Not collected | Not collected due to MH BHTEDS full record exception (M) |

Guidelines:

- A veteran is an individual 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, Space Force, or who served as a Merchant Marine seaman, during World War II.
- Persons 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), a co-located or crisis-only service.
- 7 is not a valid response for SU (A) or MH (M) records with a Service Start Date greater than 09/30/2017; however, it may be used when submitting 'old' pre-10/01/2017 records.  After 09/30/2017, 97 is only valid for Crisis Event (Q) records.
- 8 is only available for MH (M) records and is used to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If 1 (Yes, individual is a Veteran) is reported, individual must be 16 or older.
- If 7 is reported for an SU (A) or MH (M) record, Service Start Date must be less than 10/01/2017.
- If this is an SU (A) or Crisis Event (Q) record and 8 is reported, the record will be rejected.
- If 8 is reported for a Mental Health Record (M) and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected.  If 8 is reported for a Mental Health Record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

**Employment Status – A033; DU024** – Federal Field

Description:　　　Describes the individual's current employment status.

| Code | Value Label | Description |
|------|-------------|-------------|
| 01 | F/T | Individual working 35 hours or more per week, with or without supports, in a typical workplace setting, where the majority of persons employed are not persons with disabilities, earning wages consistent with those paid workers without disabilities in the community performing the same or similar work.  The individual earns at least minimum wage.  May include self-employment and active-duty members of the uniformed services. |
| 02 | P/T | Individual working less than 35 hours per week, with or without supports, in a typical workplace setting, where the majority of persons employed are not persons with disabilities, earning wages consistent with those paid workers without disabilities in the community performing the same or similar work.  The individual earns at least minimum wage.  May include self-employment. |
| 03 | Unemployed | Individual who has actively looked for work during the past 30 days or on a layoff from a job |
| 04 | Not in Competitive, Integrated Labor Force | An individual: a.) who has not looked for work in the past 30 days; b.) whose current disability symptoms prevent him/her from competitively or non-competitively working; c.) who is primarily a student, homemaker, retired, inmate of an institution; or d.) who works in a non-competitive or non-integrated environment.  Individuals in this category are further described in "Detailed Not in Labor Force (A034; DU025). |
| 97 | Unknown | Unknown for this Crisis Event (Q) |
| 98 | N/A | Not applicable as individual is under 16 years of age. |

Guidelines:

- Competitive Integrated Employment (CIE)
  - Competitive = individual is at least earning minimum wage; Persons with disabilities earning wages consistent with those workers without disability performing similar work.
  - Integrated = majority of persons employed are not persons with disabilities
- Enter the 2-character value that describes the individual's employment status.
- When staffing agencies are utilized in filling individual competitive, integrative positions, the coinciding competitive, integrated employment response (01 or 02) should be selected.
- Individuals under the age of 16 are always reported as a 98-Not Applicable.
- Minimum wage in the State of Michigan minimum is defined by Public Act 138 of 2014, the Workforce Opportunity Wage Act.  Currently, it is:
  - $10.10 = minimum hourly wage
  - $3.84 = tipped employee hourly wage rate
  - $4.25 = training wage for first 90 days of employment of individuals 16-19 years of age
  - $8.59 = minors' (16-17 years old) minimum hourly wage
- When an individual is engaged in two or more activities (has overlapping status) at the time of data collection, the Depart of Labor prioritization system dictates which to choose.  Basically, the Department of Labor prioritizes labor

force activities over non-labor-force activities and working overlooking for work.   The order of selecting the relevant employment status is:

- o Competitive, integrated full or part time employment
- o Paid work that is not competitive or not integrated or neither.
- o Unemployed if looking for work.
- o Not in the Labor Force

- Examples of coding individuals who engage in more than one employment status activity.
    - o A homemaker who works part-time in the competitive, integrated labor force is coded 02.
    - o A full-time waiter looking for a new job as a receptionist is coded 01.
    - o An individual working in a sheltered workshop searching for competitive work is coded 04-not in the labor force.
    - o A student actively searching for work (includes sending out resumes, interviewing, etc.) is coded 03-unemployed.
- Reporting Self-employed individuals:
    - o Self-employed working 35 or more hours per week, primarily in an integrated setting, making at least minimum wage = Full-time competitive integrated employment.
    - o Self-employed working less than 35 hours per week, primarily in an integrated setting, making at least minimum wage = Part-time competitive integrated employment.
    - o Self-employed not working primarily in an integrated environment OR not making at least minimum wage = Not in the Labor Force with detailed employment status of micro-enterprise.
    - o Examples:
        - ▪ Someone who delivers newspapers or sells Avon or product(s) they make to family, friends, the public (i.e., craft fair booth, personal visits) who's netting the equivalent of at least minimum wage for hours spent would be considered competitively employed in an integrated setting.
        - ▪ Person who makes products at home while someone else integrating within the community sells them would not be working in an integrated environment, so would not be CIE.
        - ▪ An individual who makes products, but net profit equates to $2.50/hour is not making competitive wages, so would not be CIE.
- Reporting of an individual in an internship program:
    - o If the internship is a school requirement, whether paid or not, the individual is considered a "student" and coded as 04-Not in competitive, integrated labor force.
    - o If the internship is not a school requirement, is an unpaid position, does not displace regular employees, or does not entitle the individual to a job at the end of the internship, the individual is coded as 04-Not in competitive, integrated labor force.
    - o If the internship is not a school requirement, pays at least minimum wage, and the employer benefits from the intern's engagement in actual operations and performing productive work, then 01-Full-time…labor force or 02-Part-time…force is coded, based upon the number of hours the intern typically works each week.
- Individuals 16 and older who are not in the Competitive Labor Force are further described in "Detailed Not in Labor Force (A034; DU025)
- Seasonal workers are coded based on the employment status at the time of data collection.
    - o A seasonal worker earning at least minimum wage, working 35 or more hours per week at time of data collection is coded 01 Full-Time Competitive Integrated Employment.
    - o A seasonal worker earning at least minimum wage working less than 35 hours per week at time of data collection is coded 02-Part-time Competitive Integrated Employment.

- A seasonal worker earning less than minimum wage or not working at the time of data collection is coded 04-Not in Competitive, Integrated Labor Force.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If 04-Not in Competitive, Integrated Labor Force is selected, Detailed Not in Competitive, Integrated Labor Force (A034; DU025) must have a value between 01 and 64.
- If 97 is reported for an SU (A, S, D) or MH (M, U, E) record, the record will be rejected.
- If individual is under 16 years of age, 98 must be selected.
- If individual is 16 years of age or older, 98 may not be selected.

**Detailed 'Not in Competitive, Integrated Labor Force' – A034; DU025** – Federal Field

Description:        Provides greater detail about individuals who are coded 04-Not in Labor Force in Employment Status (A033; DU024).

| Code | Value Label | Description |
|------|-------------|-------------|
| 01 | Homemaker | |
| 02 | Student | |
| 03 | Retired | Individual is fully retired. |
| 05 | Institutional Services | Receiving services from institutional facility such as hospital, jail, prison, long-term residential care, etc. |
| 07 | Sheltered W/S | Participates in sheltered workshop. |
| 61 | Unpaid Service | Unpaid volunteering, community service, etc. |
| 62 | Self-employed, not competitive and/or not integrated | Micro-Enterprise/Self-employment netting less than minimum wage and/or occurs primarily in a non-integrated Setting |
| 63 | Group Employment | Participates in enclaves, mobile crews, or agency-funded transitional employment. |
| 64 | Facility-based activity for non-work-related goals | Participates in facility-based activity program where an array of specialty supports, and services are provided to assist an individual in achieving her/his non-work-related goals. |
| 65 | Community-based activity | Participates in a community-based activity program that takes place in an integrated setting and includes engagement with members of the general community |
| 60 | Discouraged worker | Individual wants to work but has not actively looked in the past month |
| 04 | Chooses not to work/ participate-disability | Individual chooses not to work or participate in any of these listed activities due to their current disability symptoms. |
| 67 | Chooses not to work/ participate-fear of entitlement loss | Individual chooses not to work or participate in any of these listed activities for fear of losing their entitlement benefits. |
| 69 | Chooses not to work/ participate-other | Individual chooses not to work or participate in any of these listed activities for reasons other than their current disability symptoms or fear of entitlements loss. |
| 96 | N/A | Not applicable as Employment Status is coded 01, 02, or 03. |
| 97 | Unknown | Unknown for this Crisis Event (Q) |
| 98 | N/A-Underage | Not applicable as the individual is under 16 years of age. |

Guidelines:

- Enter the 2-character value that best describes primary activity not in the Competitive, Integrated Labor Force of the individual.
- 97 is only allowable for Crisis Event (Q) records.
- When CLS staff is taking an individual to a community-based activity (i.e., shopping), 64 is reported.
- 65 is reported when an individual participates in a community-based, integrated program such as a community bowling league, softball league, club (euchre, Elks, etc.) where most of the persons participating do not have disabilities.
- If the individual is engaged in more than one activity, report paid activities over non-paid activities.
- If the individual participates in more than one non-paid activity, report the activity where the individual spends the most time.

<u>Validation Edits:</u>

- If this field is blank or contains an invalid value, the record will be rejected.
- If Not in Competitive, Integrated Labor Force (04) IS selected for Employment Status (A033; DU024), 01, 02, 03, 04, 05, 07, 60, 61, 62, 63, 64, 65, <mark>67, or 69</mark> must be selected for Detailed Not in Competitive, Integrated Labor Force (A034; DU025).
- If individual is reported as in the Competitive, Integrated Labor Force (01, 02, or 03) is selected for Employment Status (A033; DU024), 96 must be reported for Detailed Not in Competitive, Integrated Labor Force (A034; DU025).
- If 97 is reported for an SU (A, S, D) or MH (M, U, E) record, the record will be rejected.
- If the individual is less than 16 years of age, 98 must be reported for Detailed Not in Competitive, Integrated Labor Force (A034; DU025).
- If the individual is 16 years of age or older, 98 may not be reported for Detailed Not in Competitive, Integrated Labor Force (A034; DU025)

**Work/Task Hours – A065; DU046**– State Field

Description:       Identifies the number of hours in the past two (2) weeks that the individual performed work/tasks specific to the Employment Status reported in A033 or DU024 (Full-time competitive, integrated employment; Part-time competitive, integrated employment; Self-employment primarily in an integrated setting earning at least minimum wage; Unemployed but looking for competitive, integrated employment.  If the individual does not work in the competitive, integrated labor force (Employment Status of 4), report the hours specific to the activity reported in Detailed 'Not in Competitive, Integrated Labor Force A034 of DU025 for the following activities:  student, unpaid volunteering or community service; Micro-enterprise/Self-employment earning less than minimum wage and/or primarily in a non-integrated setting; group employment (enclave/transitional) or sheltered non-competitive employment; facility-based (disability specific) activities. or Community-based activities in a fully integrated setting.)

| Value | Description |
|-------|-------------|
| nnn | Reported number of hours, in the past two weeks, that the individual performed work/tasks specific to Employment Status 01, 02, 03 OR Employment Status 04 with Detailed not in Labor Force of 02, 07, 61, 62, 63, 64, or 65 |
| 996 | N/A – Used for all other Employment Status 04 combined with Detailed Not in Competitive Integrated Labor Force values of 01, 03, 04, 05, 60, 67, 69, 96, 98. |
| 997 | Unknown for this crisis event (Q) |
| 998 | Not collected – MH BHTEDS full record exception. (M, U, E) |

Guidelines:

- Enter the 3-digit value equal to the number of hours the individual reported working/performing the task identified in Employment Status (A033 or DU024) in the most recent two (2) weeks.  Hours are expected for the following Employment Statuses:
  - 01 - Full-time competitive, integrated employment
  - 02 - Part-time competitive, integrated employment
  - 03 - Unemployed but looking for competitive, integrated employment – Enter the number of hours the individual spent looking for work in the past two (2) weeks.
  - 04 – Not in Competitive, Integrated Labor Force AND Detailed Not in Competitive, Integrated Labor Force of:
    - 02 – Student – Enter the number of hours the individual spent in class and doing homework in the past two (2) weeks.
    - 07 – Participates in sheltered workshop
    - 61 – Unpaid volunteering, community service, etc.
    - 62 – Micro-enterprise/Self-employment earning less than minimum wage/Self-employment primarily in non-integrated setting
    - 63 – In enclave/mobile crews/transitional employment
    - 64 – Participates in sheltered non-competitive employment/activity (disability based)
    - 65 – Participates in fully-integrated community activities
- Enter 996 for individuals with the following Employment Statuses:
  - 04 – Not in Competitive, Integrated Labor Force AND Detailed Not in competitive, Integrated Labor Force of:
    - 01 – Homemaker
    - 03 – Retired

- ▪ 04 – <mark>Chooses not to work/participate</mark> due to current disability symptoms.
- ▪ 05 – Receiving services from an institutional facility.
- ▪ 60 – Discouraged Worker
- ▪ <mark>67 – Chooses not to work/participate – Fear of Losing Entitlements</mark>
- ▪ <mark>69 – Chooses not to work/participate – Other</mark>
- ▪ 96 – N/A as Employment Status 1, 2, or 3 was reported.
- ▪ <mark>98 – Individual is under 16 years of age.</mark>
- 997 is not a valid response for SU (A, D) or MH (M, U, E) records with a Service Start Date greater than 09/30/2017; however, it may be used when submitting 'old' pre-10/01/2017 records. After 09/30/2017, 97 is only valid for Crisis Event (Q) records.
- 998 is only available for MH (M, U, E) records and used to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If in Competitive, Integrated Labor Force (01 or 02), Unemployed (03) is selected for Employment Status (A033; DU024), a number less than 300 must be reported.
- If Not in Competitive, Integrated Labor Force (04) is selected for Employment Status (A033; DU024) AND Detailed Not in Competitive, Integrated Labor Force is 02, 07, 61, 62, 63 64, or 65, then a number less than 996 must be reported.
- If Not in Competitive, Integrated Labor Force (04) is selected for Employment Status (A033; DU024) AND Detailed Not in Competitive, Integrated Labor Force is 01, 03, 04, 05, 60, <mark>67, 69, 96, or 98, 996</mark> must be entered.
- ~~If the individual is less than 16 years of age, 996 must be entered.~~
- If 997 is reported for an SU (A, S, D) or MH (M, U, E) record, Service Start Date must be less than 10/01/2017. After 09/30/2017, 997 is only valid for Crisis Event (Q) records.
- If this is an SU record (A, S, D) and 998 is reported, the record will be rejected.
- If 998 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected. If 998 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.
- If 998 is reported for a MH Service Update/End (U/E) and the Service Update/End Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected. If 998 is reported for MH Service Update/End record and the Service Update/End Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

**Earning per Hour – A066; DU047**– State Field

Description: Identifies how much the individual earned per hour during the past two(2) weeks for the number of hours the individual performed work/tasks specific to the Employment Status reported in A033 or DU024 (Full-time competitive, integrated employment; Part-time competitive, integrated employment; Self-employment primarily in an integrated setting earning at least minimum wage; Unemployed but looking for competitive, integrated employment; student; unpaid volunteering or community service; Micro-enterprise/Self-employment earning less than minimum wage/Self-employment primarily in a non-integrated setting; enclave/transitional employment; sheltered non-competitive employment; facility-based (disability specific) activities; Community-based activities in a fully integrated setting.)

| Value | Description |
|---|---|
| dd.cc | Reported hourly rate, in the past two weeks, that the individual performed work/tasks specific to Employment Status 01, 02, 03 OR Employment Status of 04 with Detailed not in Labor Force of 02, 07, 61, 62, 63, 64, or 65. |
| 96.96 | N/A – Used for all other Employment Status/Detailed Not in Competitive Integrated Labor Force Combinations such as Discouraged Worker, Retired, Individual Receiving Services from Institutional Facility, etc. |
| 97.97 | Unknown for this Crisis Event (Q) |
| 98.98 | Not collected – MH BHTEDS full record exception. |

Guidelines:

- Enter, in dollars and cents (dd.cc), the hourly rate the individual reported she/he earned working/performing the task identified in Employment Status (A033 or DU024) in the most recent two (2) weeks in the following Employment Statuses:
  - 01 - Full-time competitive, integrated employment – Should at least be minimum wage.
  - 02 - Part-time competitive, integrated employment – Should at least be minimum wage.
  - 03 - Unemployed but looking for competitive, integrated employment – For hourly rate, 0.00 is expected.
  - 04 – Not in Competitive, Integrated Labor Force AND Detailed Not in Competitive, Integrated Labor Force of:
    - 02 – Student – 00.00 is expected
    - 07 – Participates in sheltered workshop – hourly earnings other than 0.00 is expected
    - 61 – Unpaid volunteering, community service, etc. – 0.00 is expected
    - 62 – Micro-enterprise/Self-employment earning less than minimum wage/Self-employment primarily in non-integrated setting – hourly earnings other than 0.00 is expected
    - 63 – In enclave/mobile crews/transitional employment – hourly earnings other than 0.00 is expected
    - 64 – Participates in sheltered non-competitive employment/activity (disability based)
    - 65 – Participates in fully-integrated community activities
- If an individual worked more than one ~~part-time~~ job in the past two weeks multiply the hours worked at each job by its wage.  Then, add the wages together.  Then, divide the sum of the wages by hours worked.
  Example:  In the last two weeks, Sandy worked 7 hours at McDonald's at $15 per hour and 8 hours at ABC Cleaning Services at $12 per hour.  Her earnings per hour would be:
  [(7 x $15) + (8 x $12)] / 15 = ($105 + $96) / 15 = $201 / 15 = $13.40 per hour

- Enter 96.96 for individuals with the following Employment Statuses:
  - 03 - Unemployed
  - 04 – Not in Competitive, Integrated Labor Force AND Detailed Not in competitive, Integrated Labor Force of:
    - 01 – Homemaker
    - 03 – Retired
    - 04 – Chooses not to work/participate due to individual's current disability symptoms.
    - 05 – Receiving services from an institutional facility.
    - 60 – Discouraged Worker
    - 67 – Chooses not to work/participate for fear of losing entitlements
    - 69 – Chooses not to work/participate for other reasons than current disability symptoms or fear of losing entitlements.
    - 96 – N/A Employment Status is 01, 02, or 03.
    - 97 – Unknown for crisis event (Q record).
    - 98 – Individual is under 16 years of age.
  - 98 – Individual is under 16 years of age.
- 97.97 is not a valid response for SU (A, D) or MH (M, U, E) records with a Service Start Date greater than 09/30/2017; however, it may be used when submitting 'old' pre-10/01/2017 records. After 09/30/2017, 97.97is only valid for Crisis Event (Q) records.
- 98.98 is only available for MH (M, U, E) records and used to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If in Competitive, Integrated Labor Force (01 or 02), Unemployed (03) is selected for Employment Status (A033; DU024), a number less than 96.96 must be reported.
- If Not in Competitive, Integrated Labor Force (04) is selected for Employment Status (A033; DU024) AND Detailed Not in Competitive, Integrated Labor Force is 02, 07, 61, 62, 63 or 64, or 65, then a number less than 96.96 must be reported.
- If Earnings per Hour is less than $75, Employment status should be 01, 02, 03, OR (04 with Detailed Not in the Labor Force of 02, 07, 61, 62, 63, 64, 65).
- If Not in Competitive, Integrated Labor Force (04) is selected for Employment Status (A033; DU024) AND Detailed Not in Competitive, Integrated Labor Force is 01, 03, 04, 05, 60, 67, or 96, 96.96 must be entered.
- If the individual is less than 16 years of age, 96.96 must be entered.
- If 97.97 is reported for an SU (A, S, D) or MH (M, U, E) record, Service Start Date must be less than 10/01/2017.
- If this is an SU record (A, S, D) and 98.98 is reported, the record will be rejected.
- If 98.98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected. If 98.98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.
- If 98.98 is reported for a MH Service Update/End (U/E) and the Service Update/End Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected. If 98.98 is reported for MH Service Update/End record and the

Service Update/End Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

**Minimum Wage – A035; DU026** – State Field

Description:     Specifies whether an individual is earning minimum wage.

| Code | Value Label | Description |
|------|-------------|-------------|
| 01 | Yes | Individual is currently earning minimum wage or more, |
| 02 | No | Individual is currently earning less than minimum wage. |
| 03 | Not working | Individual is not working. |
| 97 | Unknown | Unknown for this Crisis Event (Q) |
| 98 | Not collected | Not collected – MH BHTEDS full record exception (M, U, E) |

Guidelines:

- Enter the 2-character value that best identifies whether a working individual is earning minimum wage or not or identify the individual as not working.
- Minimum wage in the State of Michigan minimum is defined by Public Act 138 of 2014, the Workforce Opportunity Wage Act.  Currently, it is:
  - $10.10 = minimum hourly wage
  - $3.84 = tipped employee hourly wage rate
  - $4.25 = training wage for first 90 days of employment of individuals 16-19 years of age
  - $8.59 = minors' (16-17 years old) minimum hourly wage
- 97 is not a valid response for SU (A, S, D) or MH (M, U, E) records with a Service Start Date greater than 09/30/2017; however, it may be used when submitting 'old' pre-10/01/2017 records.98 is only available for MH (M, U, E) records and used to report if the answer was not collected.
- 98 is only available for MH (M, U, E) records and used to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If Employment Status is Competitive, Integrated Full-time, or Competitive, Integrated Part-time and Service Start/Update/End Date is greater than 09/30/18 and 02, 03, or 98 is reported for Minimum Wage, the record will be rejected.
-  If 97 is reported, Service Start Date must be less than 10/01/2017.
- If Employment Status is 03 (Unemployed), and 01, 02, or 98 is reported for Minimum Wage, the record will be rejected.
- If Employment Status is 04 AND Detailed Not in the Competitive, Integrated Labor Force is 62 ~~and 01, 03, or 98 is reported for Minimum Wage, the record will be rejected.~~ 01 OR 02 must be reported for Minimum Wage
- If Employment Status is 04 AND Detailed Not in the Competitive, Integrated Labor Force is 01, 02, 03, 04, 60, 61, or 65, 67, or 69 and Minimum Wage of 01, 02 or 98, is reported, the record will be rejected.
- If 97 is reported for an SU (A, S, D) or MH (M, U, E) record, the record will be rejected.
- If this is an SU record (A, S, D) and 98 is reported, the record will be rejected.
- If 98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected.  If 98 is reported for a MH Service Start record (M) and the Service Start Date is

greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

- If 98 is reported for a MH Service Update/End (U/E) and the Service Update/End Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected.  If 98 is reported for MH Service Update/End record and the Service Update/End Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

**Other Activity for those working Part-time in Competitive, Integrated Labor Force' – A075; DU055** – State Field

Description:      Provides greater detail about individuals who are coded 02-Working Part-time in the Competitive, Integrated Labor Force in Employment Status (A033; DU024).

| Code | Value Label | Description |
|------|-------------|-------------|
| 01 | Homemaker | |
| 02 | Student | |
| 07 | Sheltered W/S | Participates in sheltered workshop. |
| 61 | Unpaid Service | Unpaid volunteering, community service, etc. |
| 62 | Self-employed, not competitive and/or not integrated | Micro-Enterprise/Self-employment netting less than minimum wage and/or occurs primarily in a non-integrated Setting |
| 63 | Group Employment | Participates in enclaves, mobile crews, or agency-funded transitional employment. |
| 64 | Facility-based activity for non-work-related goals | Participates in facility-based activity program where an array of specialty supports, and services are provided to assist an individual in achieving her/his non-work-related goals. |
| 65 | Community-based activity | Participates in a community-based activity program that takes place in an integrated setting and includes engagement with members of the general community |
| 66 | Looking for F/T Work | Individual is working P/T while actively seeking F/T employment |
| 67 | Chooses not to work/ participate-fear of entitlement loss | Individual chooses not to work or participate in any of these listed activities for fear of losing their entitlement benefits. |
| 69 | Chooses not to work/ participate-other | Individual chooses not to work or participate in any of these listed activities for reasons other than their current disability symptoms or fear of entitlements loss. |
| 96 | N/A | Not applicable as Employment Status is coded 01, 02, or 03. |
| 97 | Unknown | Unknown for this crisis event (Q only) |
| 98 | Not collected | Not collected due to MH BHTEDS full record exception (M, U, E only) |

Guidelines:

- Enter the 2-character value that best describes where an individual working part-time in the competitive, integrated labor force of spends their time when not working.
- When CLS staff is taking an individual to a community-based activity (i.e., shopping), 64 is reported.
- 65 is reported when an individual participates in a community-based, integrated program such as a community bowling league, softball league, club (euchre, Elks, etc.) where most of the persons participating do not have disabilities.
- 97 is only allowable for Crisis Event (Q) records.
- 98 is only allowable for MH (M, U, E) records.
- If the individual is engaged in more than one activity, report paid activities over non-paid activities.
- If the individual participates in more than one non-paid activity, report the activity where the individual spends the most time.
- Select 'doing something' (01, 02, 07, 61, 62, 63, 64, 65, 66) over choosing 'not to do something (67, 68).

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.

- If Working Part-time in the Competitive, Integrated Labor Force (02) IS selected for Employment Status (A033; DU024), 01, 02, 07, 61, 62, 63, 64, 65, 66, 67, or 69 must be selected for Other Activity for Those Working Part-time in Competitive, Integrated Labor Force (A034; DU025).
- If individual is reported as working full time in the competitive, integrated labor force, unemployed, or not in the competitive, integrated labor force (01, 02, or 04) is selected for Employment Status (A033; DU024), 96 must be reported for Other Activity for those Working Part-time in the Competitive, Integrated Labor Force (A034; DU025).
- If 97 is reported for an SU (A, S, D) or MH (M, U, E) record, the record will be rejected.

**Total Annual Income – A036; DU027** – State Field

Description:     Specifies the individual's current Annualized Income utilized in calculating their Ability to Pay (ATP).

| Value | Description |
|-------|-------------|
| nnnnnn | 6-digit annualized income utilized in calculating ATP. |
| 999997 | Not collected for this Crisis Event (Q) |
| 999998 | Not collected for this due to Full-BHTEDS record exception. |

Guidelines:

- 6-digit annualized income utilized in calculating the individual's ATP rounded to the nearest whole dollar with no commas or decimal points.
- When ATP is not calculated for a Medicaid-eligible individual receiving MH non-residential-only services, enter the annual income as reported by the individual. If the Medicaid-eligible individual receiving MH non-residential-only services refuses to provide their income and is not reporting full or part-time Competitive, Integrated employment, report $0. If the Medicaid-eligible individual receiving MH non-residential-only services who is reporting full- or part-time competitive employment refuses to provide their income, report your best estimate based on the employment reported.
- Children are typically reported on parent(s)' tax return, so typically the total annual income of the parent(s) would be reported; however, in cases where the child's income is used in determining ATP (i.e., Children's Waiver Program, SED Waiver Programs) the total annual income would reflect the child's income only.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.
- If Employment Status is 01-Competitive, Integrated Full-time or 02-Competitive, Integrated Part-time, Total Annual Income must be greater than $0.

**Number of Dependents – A037; DU028** – State Field

Description: Specifies the number of dependents utilized in calculating Ability to Pay (ATP).

| Value | Description |
|-------|-------------|
| nn | Number of dependents utilized in calculating ATP. |
| 97 | Unknown for this Crisis Event (Q) |
| 98 | Not collected – MH BHTEDS full record exception. |

Guidelines:

- Enter the number of dependents utilized in calculating the individual's ATP.
- When ATP is not calculated for a Medicaid-eligible individual receiving MH non-residential-only services, enter the number of dependents as reported by the individual. If the Medicaid-eligible individual receiving MH non-residential-only services refuses to provide their number of dependents, report 1.
- Children are typically reported on parent(s)' tax return, so typically number of dependents claimed on parent(s)' return would be reported; however, in cases where the child's income is used in determining ATP (i.e., Children's Waiver Program and the SED Waiver Programs) the number of dependents would be 1.
- Report 1 for State Wards.
- Number of Dependents should never be zero (00).
- 97 is not a valid response for SU (A, S, D) or MH (M, U, E) records with a Service Start Date greater than 09/30/2017; however, it may be used when submitting 'old' pre-10/01/2017 records. After 09/30/2017, 97 is only valid for Crisis Event (Q) records.
- 98 is only available for MH (M, U, E) records and used to report if the answer was not collected.

Validation Edits:

- If this field is 00, the record will be rejected.
- If this field is blank or contains an invalid value, the record will be rejected.

**Substance Use Problem (Primary, Secondary, and Tertiary) – A038, A042 & A046; DU029, DU031, & DU033** – Federal Field

Description:    Identifies the individual's substance use problem (up to 3 substances)

| Code | Value Label | Description |
|---|---|---|
| 01 | None | |
| 02 | Alcohol | |
| 03 | Cocaine/Crack | |
| 04 | Marijuana/Hashish | Includes THC and any other cannabis sativa preparations |
| 05 | Heroin | |
| 06 | Non-Rx Methadone | Illicit use of prescription methadone |
| 07 | Other Opiates/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 | Meth/Speed | 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/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 antihistamines, ephedrine, sleep aids, and any other legally obtained, non-prescription medication. |
| 20 | Other Drugs | Includes diphenylhydantoin/phenytoin, GHB/GBL, ketamine, "spice", carisoprodol, and other drugs |
| 97 | Unknown for this Crisis Event | Only available for Q records |
| 98 | Not collected – MH BHTEDS full record exception. | Only available for Secondary and Tertiary Substance Use Problem fields on MH (M, U, E) records |

Guidelines:

- Enter the 2-character value that corresponds to the substance.

- Primary, secondary, tertiary substances should reflect the order in which the substances are creating the most difficulty in the individual's life.
- Primary, secondary, and tertiary substances must be unique.  That is, a Substance use Problem cannot be identified more than once.
- Primary, secondary, tertiary substance must be completed sequentially.  For example, if there's a secondary, there must be a primary substance other than 'None'.
- Primary, secondary, and tertiary substances on the Service Start Record have an associated Route of Administration (A039, A043, & A047) and Age at First Use (A041, A045, & A049) that must be completed.
- Primary, secondary, and tertiary substances on the Service Start and Service Update/End Records have an associated Frequency of Use (A040, A044, A048, DU030, DU032, DU034) that must be completed.
- 98 is only available for MH (M, U, E) records and u   to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- For MH (M, U, E) records, if Primary Substance Used is other than 01-None, Co-occurring/Integrated Substance Use and Mental Health Treatment (A051) must be 1 (individual with co-occurring MH/SU problems is receiving integrated treatment) or 3 (individual with co-occurring MH/SU problems is not receiving integrated treatment).
- Other than 01-None, Primary Substance use Problem ≠ Secondary OR Tertiary Substance Use Problem.
- Other than 01-None, Secondary Substance Use Problem ≠ Primary OR Tertiary Substance Use Problem.
- Other than 01-None, Tertiary Substance Use Problem ≠ Primary Substance Use Problem.
- Other than 01-None or 98-Not collected-MH BHTEDS full record exception, Tertiary Substance Problem ≠ Secondary Substance Use Problem.
- If the Substance Use Problem (Primary, Secondary, or Tertiary) is 01-None, all related fields (Route of Administration (A039, A043, & A047), Frequency of Use (A040, A044, A048, DU030, DU032, DU034), and Age at First Use (A041, A045, & A049) must be 96-Not Applicable.
- If a Secondary Substance Use Problem is identified, the Primary Substance Use Problem must not be 01-None.
- If a Tertiary Substance Use Problem is identified, the Primary and Secondary Substance Use Problems must not be 01-None.
- If this is an SU (A, S, D) or MH (M, U, E) record and 97 is reported, the record will be rejected.
- If this is an SU record (A, S, D) and 98 is reported, the record will be rejected.
- If this is a MH record (M, U, E) and 98 is reported for Primary Substance Use Problem, the record will be rejected.
- If 98 is reported for a MH Service Start record (M) for Secondary or Tertiary Substance Use Problem, and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected.  If 98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.
- If 98 is reported for a MH Update/End record (U/E) for Secondary or Tertiary Substance Use Problem, and the Service Update/End Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected.  If 98 is reported for a MH Update/End record (U/E) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

- If Primary Substance Use is not 01 and there's a non-999.9997 Mental Health Diagnosis One, the co-occurring SA and MH problem (A051) must be 01 (co-occurring and receiving integrated treatment) or 03 (co-occurring, but not receiving integrated treatment).

**Route of Administration (Primary, Secondary, and Tertiary) – A039, A043 & A047** – Federal Field

Description: Identifies the usual route of administration of the drug identified in Substance Use Problem.

| Code | Value Label | Description |
|------|-------------|-------------|
| 01 | Oral | |
| 02 | Smoking | |
| 03 | Inhalation | |
| 04 | Injection | Includes intravenous, intramuscular, intradermal, or subcutaneous. |
| 20 | Other | |
| 96 | Not Applicable | When related Substance Use Problem is 01-None |
| 97 | Unknown for this Crisis Event | Only available for Crisis Event (Q) records |
| 98 | Not collected – MH BHTEDS full record exception. | Only available for Secondary and Tertiary Route of Administration fields on MH (M) records |

Guidelines:

- Enter the 2-character value that corresponds to the <u>most frequent</u> route of administering the substance identified as a Substance Use Problem as Primary (A038), Secondary (A042), and Tertiary (A046).
- If there is a value other than 01-None, 97-Unknown for this Crisis Event or 98-Not collected-MH BHTEDS full record exception for Substance Use Problem (Primary (A038), Secondary (A042), and/or Tertiary (A046), this Route of Administration must be 01-20.
- 97 is only available for Crisis Event (Q) records.
- 98 is only available for Secondary and Tertiary Route of Administration of MH (M) records and used to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If Substance Use Problem (Primary, Secondary, or Tertiary) is 01-None, <u>Route of Administration</u> (A039, A043, & A047) must be 96-Not Applicable.
- If Substance Use Problem (Primary, Secondary, or Tertiary) is not 01-None, <u>Route of Administration</u> (A039, A043, & A047) must NOT be 96-Not Applicable.
- If this is an SU (A) or MH (M) record and 97 is reported, the record will be rejected.
- If this is an SU (A) or MH Crisis Event (Q) record and 98 is reported, the record will be rejected.
- If this is a MH record (M) and 98 is reported for Primary Route of Administration, the record will be rejected.
- If this is a MH record (M) and Secondary or Tertiary Substance Use value is 98-Not collected full BHTEDS record exception, related Route of Administration must be 98-Not collected full BHTEDS record exception.
- If 98 is reported for a MH record (M) for Secondary or Tertiary Substance Use Problem, and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected.  If 98 is reported for a Mental Health Record (M, U, E) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

**Frequency of Use (Primary, Secondary, and Tertiary) – A040, A044 & A048; DU030, DU032 & DU034** – Federal Field
*****Reminder:  For T2 records (D, U, E) use the past 30 days or the time since admission, whichever is shorter.*

Description:       Identifies the frequency which the substance identified in Substance Use Problem was used. For Service Start Records (A & M) utilize the 30-day window when the individual last had the opportunity to use.  For Service Update records (S, U) or End records (D, E), utilize the past 30 days or since Service Start/Most recent Update, whichever is shorter.

| Code | Value Label | Description |
|------|-------------|-------------|
| 01 | None | No Use in the Past Month |
| 02 | 1-3 days/month | Used on 1-3 days in the Past Month |
| 03 | 1-2 days/week | Used on 1-2 days in the Past Week |
| 04 | 3-6 days/week | Used on 3-6 days in the Past Week |
| 05 | Daily | Daily |
| 96 | N/A | Not Applicable – when related Substance Use Problem is 01-None |
| 97 | Unknown | Unknown for this Crisis Event |
| 98 | Not Collected | Not collected due to MH BHTEDS full record exception.  (Allowed on secondary and tertiary fields of MH Update and End (U & E) records only. |

Guidelines:

- The purpose of collecting this field at Service Start Records (A & M) is to identify the use pattern in the last 30 days that the individual **had the ability to use** (i.e., not incarcerated, hospitalized, or in residential treatment).  Hence, enter the 2-character value that best reflects the number of days in that 30-day window that the individual used the substance identified as a Substance Use Problem as Primary (A038), Secondary (A042), and Tertiary (A046).
- The purpose of collecting this field at Service Update/End is to identify the use pattern since treatment began. Hence, for Service Update and End records (S, U, D, E) enter the 2-character value that best reflects the number of days in the past 30 days or since the Service Start/Update Date, **whichever is shorter**, that the individual used the substance identified as a Substance Use Problem as Primary (DU029), Secondary (DU031), and Tertiary (DU033).
- If there is a value other than 01-None, 97-Unknown for this Crisis Event or 98-Not collected-MH BHTEDS full record exception for Substance Use Problem (Primary (A038; DU029), Secondary (A042; DU031), and/or Tertiary (A046; DU033), the Frequency of Use must be 01-05.
- 97 is only available for Crisis Event (Q) records.
- 98 is only available for Secondary and Tertiary Frequency of Use MH (M, U, E) records and used to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If Substance Use Problem (Primary, Secondary, or Tertiary) is 01-None, the related <u>Frequency of Use</u> (A040, A044, A048, DU030, DU032, and DU034) must be 96-Not Applicable.
- If Substance Use Problem (Primary, Secondary, or Tertiary) is not 01-None, the related <u>Frequency of Use</u> (A040, A044, A048, DU030, DU032, and DU034) must NOT be 96-Not Applicable.

- If this is an SU (A, S, D) or MH (M, U, E) record and 97 is reported, the record will be rejected.
- If this is an SU (A, S, D) or MH Crisis Event (Q) record and 98 is reported, the record will be rejected.
- If this is a MH record (M, U, E) and 98 is reported for Primary Frequency of Use, the record will be rejected.
- If this is a MH record (M, U, E) and Secondary or Tertiary Substance Use value is 98-Not collected full BHTEDS record exception, related Frequency of Use must be 98-Not collected full BHTEDS record exception.
- If 98 is reported for a MH Service Start record (M) for Secondary or Tertiary Substance Use Problem, and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected.   If 98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.
- If 98 is reported for a MH Update/End record (U/E) for Secondary or Tertiary Substance Use Problem, and the Service Update/End Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected.   If 98 is reported for a MH Update/End (U/E) record and the Service Update/End Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

**Age at First Use (Primary, Secondary, and Tertiary) – A041, A045 & A049** – Federal Field

Description:     Identifies newborn dependency, age of first intoxication, or age of first use for substance(s) identified as Primary, Secondary, and Tertiary.

| Code | Value Label | Description |
|------|-------------|-------------|
| 00 | Newborn | Identifies a newborn with a substance dependency problem (i.e., FASD or NAS) |
| 01-95 | Age of first Use | Identifies, in years, the age of first intoxication if Substance Use Problem is alcohol OR the age, the individual first used the substance if Substance Use Problem is any other drug than alcohol. |
| 96 | N/A | When related Substance Use Problem is 01-None |
| 97 | Unknown | Only available for Crisis Event (Q) records |
| 98 | Not collected | Not collected due to MH Full BHTEDS record exception.  (Only available for Secondary and Tertiary Age at First Use fields on MH (M) records) |

Guidelines:

- If there is a value other than 01-None, 97-Unknown for this Crisis Event or 98-Not collected-MH BHTEDS full record exception for Substance Use Problem (Primary (A038), Secondary (A042), and/or Tertiary (A046), the related Age at First Use must be 00-95.
- If the individual is born with a substance use dependency (i.e., FASD or NAS), enter 00 for Newborn.
- If the Primary (A038), Secondary (A042), or tertiary (A046) Substance Use Problem is 02-Alcohol, enter the 2-character value that corresponds to age of the individual's first intoxication.
- If the Primary (A038), Secondary (A042), and/or Tertiary (A046) Substance Use Problem is any drug other than 02-Alcohol, enter the 2-character value that corresponds to the age at which the individual first used (not abused) the drug.
- 97 is only available for Crisis Event (Q) records.
- 98 is only available for Secondary and Tertiary Age at First Use MH (M) records and used to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If Substance Use Problem (Primary, Secondary, or Tertiary) is 01-None, Age at First Use (A041, A045, & A049) must be 96-Not Applicable.
- If Substance Use Problem (Primary, Secondary, or Tertiary) is 02-20, Age at First Use (A041, A045, & A049) must NOT be 96-Not Applicable.
- If this is an SU (A) or MH (M) record and 97 is reported, the record will be rejected.
- If this is an SU (A) or MH Crisis Event (Q) and 98 is reported, the record will be rejected.
- If this is a MH record (M) and 98 is reported for Primary Age at First Use, the record will be rejected.
- If this is a MH record (M) and Secondary or Tertiary Substance Use value is 98-Not collected full BHTEDS record exception, related Age at First Use must be 98-Not collected full BHTEDS record exception.

- If 98 is reported for a MH Start (M) record for Secondary or Tertiary Age at First Use, and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected.   If 98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

**Attendance at Substance Use or Co-dependent Self-help Groups in Past 30 Days – A056; DU039** – Federal Field
*\*\*Reminder:  For T2 records (S, U, D, E) use the past 30 days or the time since admission, whichever is shorter.*

Description:    Indicates the frequency of attendance at a self-help group in the 30 days or since Service Start/Most recent Update, whichever is sooner.

| Code | Value Label | Description |
|------|-------------|-------------|
| 01 | <mark>None</mark> | No Attendance |
| 02 | <mark>< once</mark> a week | 1 – 3 times in the past 30 days |
| 03 | Once a week | 4 – 7 times in the past 30 days |
| 04 | 2 to 3 times per week | 8 – 15 times in the past 30 days |
| 05 | At least 4 times per week | 16 – 30 or more times in the past 30 days |
| 97 | Unknown for this crisis event. | For Crisis Event records(Q) only |
| 98 | Not collected | For MH records (M, E, U) without integrated treatment only |

Guidelines:

- For Service Start Records, the reference period is the 30 days prior to the Service Start Date.
- For Service Update/End records, the reference period is **the shorter of** the 30 days prior to Service Update/End Date **OR** since the Service Start or most recent Update date.  Never go back further than the Service Start Date when calculating this field for the Service Update/End (DU039).
- For MH records without integrated substance use and mental treatment, 98-Not Collected should be reported.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If SU record (A, S, D), response only 01-05 are valid; 97 or 98 may not be reported.
- If MH record (M, U, E), 97 may not be reported.
- If MH record (M, U, E) and Integrated Substance Use and Mental Health Treatment (A051; DU034) is 1-Yes, then 01-05 must be reported, 98 may not be reported.
- If MH record (M, U, E) and Integrated Substance Use and Mental Health Treatment (A051; DU034) is 2-No, then 98 must be reported.
- If MH record (M, U, E) and Integrated Substance Use and Mental Health Treatment (A051; DU034) is 3-Co-occurring but not integrated, then 01-05 or 98 may be reported.

**Medication-Assisted Opioid Therapy – A050, DU051** – A is Federal Field, D is State Field

Description:     Identifies whether the use of opioid medications such as methadone, buprenorphine, Vivitrol, Suboxone, or naltrexone will be/was part of the individual's treatment plan.

| Code | Value Label | Description |
|------|-------------|-------------|
| 1 | Yes | Opioid medications such as methadone, buprenorphine Vivitrol, Suboxone, or naltrexone will be/was part of the individual's treatment plan. |
| 2 | No | Opioid medications such as methadone, buprenorphine Vivitrol, Suboxone, or naltrexone will/was NOT be part of the individual's treatment plan. |
| 6 | N/A | Used if the individual is **not** in treatment for an opioid problem. |
| 7 | Unknown | Unknown for this Crisis Event (Q) |

Guidelines:

- 1-Yes or 2-No should be selected if the individual's Primary, Secondary, or Tertiary (A038, A042, A046) is 05-Heroin, 06-Non-prescription Methadone, or 07-Other Opiates and Synthetics.
- 1-Yes should be selected if the individual's Primary, Secondary, or Tertiary (A038, A042, A046) IS 05-Heroin, 06-Non-prescription Methadone, or 07-Other Opiates and Synthetics AND opioid medications such as buprenorphine, vivitrol, Suboxone, or naltrexone is/was part of the individual's treatment regardless of prescriber.
- 6-Not Applicable should be selected if NONE of the individual's Primary (A038), Secondary (A042), or Tertiary (A046) Substance Use is 05-Heroin, 06-Non-prescription Methadone, or 07-Other Opiates and Synthetics.
- 7-Unknown for this Crisis Event is only allowable for Crisis Event (Q) records regardless of the reported Primary, Secondary, or Tertiary Substance Use.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If 1-Yes or 2-No are reported and the individual does not have 05-Heroin, 06-Non-prescription Methadone, or 07-Other Opiates and Synthetics reported in Primary, Secondary or Tertiary Substance Use Problem, the record will be rejected.
- If 6-Not applicable is reported and the individual does have 05-Heroin, 06-Non-prescription Methadone, or 07-Other Opiates and Synthetics reported in Primary, Secondary or Tertiary Substance Use Problem, the record will be rejected.
- If this is an SU (A, S, D) or MH (M, U, E) record and 7 is reported, the record will be rejected.

**Co-occurring Disorder/Integrated Substance Use and Mental Health Treatment – A051, DU048** – A is Federal Field, D is State Field

Description:       Identifies whether the individual with co-occurring substance use and mental health problems is receiving MH and SU treatment managed a single entity from an integrated team under an integrated treatment plan. For the dual-diagnosis (MH and SU) individual receiving integrated treatment, the services appear seamless with a consistent approach.

| Code | Value Label | Description |
|------|-------------|-------------|
| 1 | Integrated Treatment | Yes, client with co-occurring substance use and mental health problems is being treated with an integrated treatment plan by an integrated team. |
| 2 | No | No, client does NOT have a co-occurring substance use and mental health problem |
| 3 | Co-occurring, Not Integrated | Client with co-occurring substance use and mental health problems is NOT currently receiving integrated treatment. |
| 7 | Unknown | Unknown for this Crisis Event (Q). |

Guidelines:

- For 1-Yes to be selected, the Treatment plan must be integrated, including both MH and SU goals, and managed by a single entity.
- When 1-Yes is selected, all fields of the BHTEDS record are required (i.e., there must be one or more substance use problem) and related fields like Route of Administration, Days Used in Last 30, etc. are answered other than 1-None.
- If Integrated Treatment is 1-Yes, MDHHS would expect encounters that address the treatment plan and all encounters submitted should include the HH modifier.
- When SU funds the substance use treatment, A, S, and D records should be used.  When MH funds the SU treatment, M, U, and E records should be used.
- 2-No identifies individuals WITHOUT co-occurring substance use and mental health problems.
- 3 identifies individual WITH co-occurring substance use and mental health problems who is not receiving integrated treatment (i.e., treatment may be addressing MH or SU or the treatment addressing both issues is being conducted concurrently in a non-integrated fashion.)
- For SU records, if an individual has a MH diagnosis, select 3-Co-occurring if provider is not addressing MH issues OR 1-Integrated if they are addressing MH issues.  The severity of the MH condition is addressed in the Detailed SMI/SED field.
- If an individual is not co-occurring/integrated, then there cannot be both a substance use and mental health diagnosis.  There can only be one or the other.
- If integrated Treatment (1) or Co-occurring Disorder (3) is reported an SUD diagnosis is required in fields A058-SUD Diagnosis.
- If integrated Treatment (1) or Co-occurring Disorder (3) is reported MH Diagnosis One other than 999.9997 is required
- 5-Not applicable – FY17 record submitted in FY18, or later format may only be used on Update/discharge (D, E, U) records with a service Update/End date earlier than 10/01/17.
- 7 is only available for Crisis Event (Q) records.

- Examples:
  - MH services provided at a CMH, and SU services provided at a contracted provider. Each has its own treatment plan, different locations. Select 3 – Cooccurring on the SU and MH records; submit A-S-D records for the SU treatment episode; and submit M-U-E records for the MH treatment episode.
  - MH and SU services provided at a SU Provider and funded by SU. Select 1 – Integrated; Submit A-S-D records.
  - MH and SU services provided at a CMH. Select 1 – Integrated. If CMH funds SU services, submit an M-U-E records. If SU funds the SU services, submit A-S-D records.
  - CMH or its contractor is coordinating services and there is one treatment plan with input from both disciplines. CMH services provided at the CMH while SU services are provided at a SU Provider (different locations). Select 1 – Integrated. If CMH funds SU services, submit M-U-E records. If SU funds the SU services, submit A-S-D records.
- When there are concurrent MH and SU episodes, the PIHP should assure both records have the most accurate picture of the client, reaching out to providers as needed to correct any discrepancies.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.
- For MH (M, U, E) records, if Integrated Substance Use and Mental Health Treatment = 1 or 3 and Primary Substance Use is None-01, the record will be rejected.
- For M records, if Primary Substance of Abuse = 01, Integrated Substance Use and Mental Health Treatment must be 2-No.
- If Integrated Substance Use and Mental Health Treatment = 1, Mental Health Diagnostic Code One (A059; DU041) must NOT be 999.9997.
- For M records, if Integrated Substance Use and Mental Health Treatment = 2 and (Primary Substance use is not None-01 and Mental Health Diagnosis One is not 999.9997), the record will be rejected.
- For MH (M, U, E) records, if Integrated Substance Use and Mental Health Treatment = 1 and Attendance at Substance Use/Co-dependent Groups in Last 30 days is 98-Not Collected, the record will be rejected.
- If 5 is reported on an admission record (A or M) with a Service Start Date greater than 09/30/2017, the record will be rejected.
- If 5 is reported on an Update/discharge record with a service Update/end date greater than 09/30/2017, the record will be rejected.
- If 7 is reported on an SU (A, S, D) or MH (M, U, E) record, the record will be rejected.

**Living Arrangements – A052; DU035** – Federal Field

Description:  Identifies whether an individual is homeless or describes the individual's current residential situation or arrangement.

| For Record Type | Code | Value Label | Description |
|---|---|---|---|
| A, S, D, M, U, Q – All | 01 | Homeless | Individual having no fixed address.  Includes homeless shelters. |
| A, S, D – SU | 02 | SU-Dependent | Individual living in a supervised setting such as a residential institution, halfway house, transitional housing, recovery housing, or group home OR children (under age 18) living with parents, relatives or guardians, OR SU individuals in foster care. |
| A, S, D – SU | 03 | SU-Independent | Individual with a fixed address living alone or with others in a private residence independently.  Includes adult children (18 and older) living with parents and adolescents living independently. Also includes individuals living independently with case management or supported housing support |
| M, U, E – MH<br>Q – Crisis Event | 22 | MH-Residential/AFC | Individual residing in a residential care facility.  This level of care includes group homes, therapeutic group homes, board and care, residential treatment, or agency-operated residential care facilities. *Must also select 221 or 222 in A053 and/or DU036-Detailed Living Arrangements.* |
| M, U, E – MH<br>Q – Crisis Event | 23 | MH-Privately owned residence | Individual living in a private residence alone, with a spouse, or non-relatives.  The private residence is not owned or controlled by the PIHP, CMHSP, or Contracted Provider. |
| M, U, E – MH<br>Q – Crisis Event | 32 | MH-Foster Care | Individual living in a Foster Family Home, regardless of number of beds.  Also utilized for therapeutic foster care facilities, a service that provides treatment for troubled children within private homes of trained families. |
| M, U, E – MH<br>Q – Crisis Event | 33 | MH-Controlled Private Residence | Individual living in a private residence alone, with a spouse, or non-relatives.  The private residence is owned by the PIHP, CMHSP or Contracted Provider. |
| M, U, E – MH<br>Q – Crisis Event | 42 | MH-Crisis Res | Individual living in a time-limited 24/hour residential stabilization program that delivers services for acute symptom reduction and restores individuals to a pre-crisis level of functioning. |
| M, U, E – MH<br>Q – Crisis Event | 52 | MH-Institutional | Individual living in an institutional care facility providing care 24 hours/day, 7 days/week care.  Includes skilled nursing/intermediate care facilities, nursing homes, institutes of mental disease (IMD), CCI, inpatient psychiatric hospitals, psychiatric health facilities, veterans' affairs hospitals, Intermediate Care Facilities/MR, or state hospitals. |
| M, U, E – MH | 62 | MH-Jail/Corrections | Individuals living in jail, correctional facility, detention center, prison, or other institution under the justice system with care provided on a 24 hours/day, 7 days/week basis. |

| | | | |
|---|---|---|---|
| Q – Crisis Event | | | |
| M, U, E – MH<br>Q – Crisis Event | 72 | MH-Dependent private residence | Individuals living in a private residence with natural/adoptive family members. "Family member" means parent, stepparent, sibling, child, or grandparent of the primary person served or an individual upon whom the primary person served is dependent for at least 50% of their financial support. |
| Q – Crisis Event | 97 | Unknown | Unknown for this crisis Event (Q) |

Guidelines:

- Enter the 2-character value that describes the individual's current living arrangement.
- For MH records (M, U, E), select from 01 or 22-72.
- For MH Crisis records (Q), select from 01 or 22-97.
- For SU records (A, S, D), select from 01-03.
- Although Specialized Residential Facilities are Licensed Adult Foster Care (AFC) homes in Michigan, an individual residing in a Specialized Residential Group Home should be coded 22.
- If 22-Residential Care is selected, 221 or 222 must be selected for A053 and/or DU036-Detailed Residential Care Living Arrangement.
- 23 should be used when an individual can choose from among other options who will provide services and supports to them in their setting which is not owned or controlled by the provider.
- 33 should be used if an individual may experience restriction of choice of who will provide services and supports to them. The individual accepts that the services will be provided by the provider or owner of the setting.
- 97 should be used when an individual is in crisis and cannot identify their living arrangement.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If SU record (A, S, D) and something other than 01, 02, or 03 is reported, the record will be rejected.
- If MH record (M, U, or E) and 02, 03 or 97 is reported, the record will be rejected.
- If 22-Residential Care is selected, Detailed Residential Care Living Arrangement (A053; DU036) must have a value of 221 or 222.
- If Living Arrangement is anything other than 22-Residential Care, 996 must be reported for Detailed Residential Care Living Arrangement (A053; UD036)

**Detailed Residential Care Living Arrangement – A053; DU036** – State Field

Description:    Provides greater detail about type of Residential Home in which an individual is living.

| Code | Value Label | Description |
|------|-------------|-------------|
| 221 | Specialized Res | Specialized Residential Home includes any adult foster care facility certified to provide a specialized program per DMH Administrative Rules, 3/9/96, R 330.1801 (Include all specialized residential regardless of number of beds) or Licensed Children's Therapeutic Group Home (MH only) |
| 222 | General Res | General Residential home including licensed foster care not certified to provide specialized program specified per the DMH Administrative Rules, regardless of number of beds. |
| 996 | N/A | Not applicable; Living Arrangements was NOT 22-Residential Care. |
| 997 | Unknown | Unknown for this Crisis Event |

Guidelines:

- Enter the 3-character value that identifies the type of residential home in which the individual resides.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If Residential Care (22) IS selected for Living Arrangements (A052; DU035), 221 or 222 must be selected for Detailed Residential Care Living Arrangement (A053; DU036).
- If individual is reported as in not living in a residential care arrangement (A052; DU035), 996, N/A, must be reported for Detailed Residential Care Living Arrangement (A053; DU036).
- If SU record (A, S, D), 996, N/A, must be reported.
- If 97-Unknown for this Crisis Event is reported for Living Arrangements (A052), 997 must be reported for Detailed Residential Care Living Arrangement (Q).
- If 997 is selected for an SU (A, S, D) or MH (M, U, E) record, the record will be rejected.

**Number of Arrests in Past 30 Days - A054; DU037** – Federal Field

> ***Reminder: For T2 records (S, U, D, E) use the past 30 days or the time since admission, whichever is shorter.***

Description:     Specifies the number of separate arrests in the past 30 days, or since Service Start/Most recent Update, whichever is sooner.

| Value | Description |
|:-----:|-------------|
| nn | Number of separate arrests in the past 30 days |

Guidelines:

- On Service Start Records (A or M), enter the number of separate arrests (not charges) the individual had in the past 30 days.
- On Service Update/End records (S, U, D, E), enter the number of separate arrests (not charges) the individual had in the **shorter of** (1) the past 30 days or (2) since Service Start/most recent Update. Never go back further than the Service Start Date when calculating this field for the Service Update/End (DU037). Example: An individual is arrested twice in the 30 days prior to a residential SU service. Individual was in residential for 14 days during which they had no arrests. 2 would be entered for field A054 on Service Start Record and 0 would be entered for field DU037 on the Service End record. If the individual then goes to another service category, the full 30 days is looked at again. In this example, if the individual goes to outpatient on day 16 and no arrests occurred on day 15, 2 would again be reported.
- 97 should be reported for Crisis Events (Q) when the number of arrests is unknown.
- 98 should be reported if the number of arrests was not collected due to Full MH BHTEDS exception.
- Number of arrests reported must be less than 99.

Validation Edits:

- For A records, must be less than 25 for Service Start Dates after 09/30/2022.
- For M records, must be less than 25 or equal to 98 for Service Start, Update, or End Dates after 09/30/2022.
- For Q records, must be less than 25 or equal to 97 for Service Start dates after 09/30/2022.
- For S and D records, must be less than 25 for Service Update/End Dates after 09/30/2022.
- For U and E records, must be less than 25 or equal to 98 for Service Update/End Dates after 09/30/2022.
- For Service Start, Update, and End Dates less than 10/01/2022, must be less than 99.
- If this field is blank or contains an invalid value, the record will be rejected.

~~Corrections~~ Legal Related Status – A055; DU038 – State Field

Description:     Specifies the individual's highest priority corrections related status.

| Code | Value Label | Description |
|------|-------------|-------------|
| ADULTS | | |
| 01 | In prison | |
| 02 | In jail | |
| 03 | Parole | Paroled from a state or federal correctional facility |
| 04 | Probation | |
| 05 | Tether | |
| 06 | Pre-FY24 Juvenile detention center | For service start records (A, M, Q) with service start dates before 10/01/2023. For service update/end records (U, S, D, E) with service update/end dates before 10/01/2023. |
| 07 | Pre-trial ~~(Adult) OR Preliminary Hearing (Youth)~~ | |
| 08 | Pre-sentencing ~~(Adult) OR Pre-disposition (Youth)~~ | |
| 09 | Post booking-diversion | |
| 10 | Booking diversion | |
| CHILDREN/YOUTH | | |
| 52 | Pending Case | Juvenile Justice delinquency case currently pending RESOLUTION IN Juvenile Court at this time. |
| 53 | Informal Court Supervision | Juvenile Justice delinquency case currently open-informal supervision by Juvenile Court.  This may include diversion programs or consent calendar agreements.  Juvenile court supervision refers to a county/court worker, someone employed by the court, such as a probation officer caseworker, etc. |
| 54 | Informal MDHHS Supervision | Juvenile Justice delinquency case currently open-informal supervision by MDHHS.  This may include diversion programs or consent calendar agreements.  Supervision by MDHHS refers to child/youth delinquency whose delinquency case is supervised by a local juvenile justice worker that is employed through MDHHS (often referred to as a 'Juvenile Justice Specialist') rather than a court employee. |
| 55 | Formal Court Supervision | Juvenile Justice delinquency case currently open-formal supervision by Juvenile Court.  This would include a child/youth that has been Adjudicated and had a Disposition order entered.  Juvenile Court supervision refers to a county/court worker, someone employed by the court, such as a probation officer, caseworker, etc. |
| 56 | Formal MDHHS Supervision | Juvenile Justice delinquency case currently open-formal supervision by MDHHS.  This would include a child/youth that has been Adjudicated and had a Disposition order entered. Supervision by MDHHS refers to child/youth delinquency whose delinquency case is supervised by a local juvenile justice worker that is employed through MDHHS (often referred to as a 'Juvenile Justice Specialist') rather than a court employee. A child/youth supervised in this way may be called a "PA150" or "Public Act 150" ward that commits them to MDHHS for care, supervision, and planning.  NOTE:  This option is specific to JUVENILE DELINQUENCY cases and should not include separate neglect/abuse (child welfare) proceedings that may involve youth. |

| 57 | Dept. of Com. Justice-Wayne County | Juvenile Justice delinquency case currently open and supervised by Department of Community Justice-Wayne County.  NOTE:  This option only applies to a child/youth involved in the Wayne County juvenile justice system structure. |
|---|---|---|
| ADULTS AND CHILDREN/YOUTH | | |
| 11 | None | Not under the jurisdiction of corrections or law enforcement program |
| 97 | Unknown | Unknown for this Crisis Event (Q) |
| 98 | Not Collected | Not collected – MH BHTEDS full record exception. |

Guidelines:

- For Adults, the list of reportable corrections-related statuses has been prioritized for MDHHS reporting (from highest=01 to lowest=10).  Enter the 2-character value that identifies the highest priority type of Corrections Related Status that pertains to the individual.
- For Children/Youth, if the individual has more than one status, select the 2-character value that identifies the status related to an adjudicated and/or supervised case over a pending case.
- When selecting the most appropriate code, answer based on the justice setting that is connected to the individual's legal involvement.  Is it the juvenile Justice System?  The adult Justice System?  The Wayne County Justice System?  Etc.
- Individuals found Incompetent to Stand Trial (IST) OR Not Guilty by Reason of Insanity (NGRI) have a Corrections Related Status of 11 – Not under the jurisdiction of corrections or law enforcement program.
- Children/Youth – When selecting between Formal and Informal:
  o Formal is selected when the youth has been Adjudicated and has a Disposition order entered.
  o Informal does not have an adjudication or disposition order.  Some common examples of informal supervision within Juvenile Court include Diversion agreements and consent calendars.
- Children/Youth – When selecting between Court, Informal, Wayne County:
  o Court – the supervision is performed by a county/court worker, someone employed by the court, such as a probation officer, caseworker, etc.  The only exception to this is when Wayne County is the JJ system/structure that is overseeing the case.  In those instances, the appropriate selection is Department of Community Justice-Wayne County.
  o MDHHS – the supervision is performed by a local juvenile justice worker that is employed through MDHHS (often referred to as a 'Juvenile Justice Specialist').  A child/youth supervised in this way may be called a "PA150" or "Public Act 150" ward that commits them to MDHHS for care, supervision, and planning.  Reminder that the MDHHS worker is directly supervising the juvenile justice delinquency file, not another case type (i.e., neglect abuse case).  The only exception to this is when Wayne County is the JJ system/structure that is overseeing the case.  In those instances, the appropriate selection is Department of Community Justice-Wayne County.
  o Dept. of Community Justice - Wayne County – The child/youth reside in Wayne County and/or the Wayne County Juvenile Justice system/structure is the entity that is overseeing the delinquency case.
- 18-year-olds may have adult or child/youth answers depending on their age when they became involved in the justice system.  An 18-year-old who has a fresh encounter with the justice system after their 18th birthday would report from the selections under 'Adults'.  An 18-year-old who has an open juvenile justice case from an encounter prior to their 18th birthday would report from the selections under Child/Youth.

- 97 is not a valid response for Start (A, M) records with a Service Start Date greater than 09/30/2017; however, it may be used when submitting 'old' pre-10/01/2017 records.
- 97 is not a valid response for Update/End (S, U, D, E) records with a Service Update/End Date greater than 09/30/2017.
- 97 is only available for Crisis Event (Q) records with Service Start greater than 09/30/2017.
- 98 is only available for MH (M, U, E) records and used to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- For service start records (A, M, Q):
  - If service start date > 09/30/2023, and individual is older than 18, the value must be 01, 02, 03, 04, 05, 07, 08, 09, 10, 11, 97, or 98.
  - If service start date > 09/30/2023, and the individual is 18, the value must be 01, 02, 03, 04, 05, 07, 08, 09, 10, 11, 52, 53, 54, 55, 56, 57, 97, or 98.
  - If service start date > 09/30/2023 and individual is younger than 18, the value must be 11, 52, 53, 54, 55, 56, 57, 97, or 98.
  - If the service start date < 10/01/2023, the value must be 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 97, or 98.
- For service update/end records (S, U, D, E):
  - If service update/end date > 09/30/2023 and the individual is older than 18, the value must be 01, 02, 03, 04, 05, 07, 08, 09, 10, 11, 97, or 98.
  - If service update/end date > 09/30/2023, and the individual is 18, the value must be 01, 02, 03, 04, 05, 07, 08, 09, 10, 11, 52, 53, 54, 55, 56, 57, 97, or 98.
  - If service update/end date > 09/30/2023 and individual is younger than 18, the value must be 11, 52, 53, 54, 55, 56, 57, 97, or 98.
  - If the service update/end date < 10/01/2023, the value must be 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 52, 53, 54, 55, 57, 97, or 98.
- If there is no current legal related status, report 11-None.
- If 97 is reported on a Service Start (A, M) Record, the Service Start Date must be less than 10/01/2017.
- If 97 is reported on a Service Update/End (S, U, D, E) Record, the Service Update/End Date must be less than 10/01/2017.
- If this is an SU record (A, S, D) or Crisis Event (Q) record and 98 is reported, the record will be rejected.
- If 98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected.  If 98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.
- If 98 is reported for a MH Update/End record (U/E) and the Service Update/End Date is greater than 09/30/2017 and less than 09/30/2019, the BHTEDS Full Record exception field must have a value between 03 and 09, identifying why the information was not collected.  If 98 is collected for a MH Update/End record (U/E) and the Service Update/End Date is greater than 09/30/2019, the BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

**Youth Prior Law Enforcement History – A073; DU052** – State Field

Description:      Specifies if the child/youth have a history of law enforcement where the child/youth is the alleged perpetrator, not victim or witness, and whether a juvenile court delinquency was filed as a result.

| Code | Value Label | Description |
|---|---|---|
| 51 | None | There has been no  involvement with law enforcement involving the child/youth as the alleged perpetrator reported to date. Situations in which the child/youth was at a location in which law enforcement responded for reasons where the child/youth was not the alleged perpetrator (i.e., parental/family dispute not involving the child, allegation in which the child/youth was the reported victim of a crime, school incident not directly involving the child/youth) does <u>not</u> apply. |
| 52 | Law Enforcement, no delinquency petition filed | Law enforcement has previously been involved with the child/youth as the alleged perpetrator of a crime, but official charges were never sought through the juvenile justice system (i.e., due the child's age, law enforcement discretion, prosecutor discretion etc.) |
| 53 | Law Enforcement, delinquency petition was filed | Law enforcement has been involved with the child/youth as the alleged perpetrator of a crime resulting in a formal delinquency petition being filed in the local juvenile court/juvenile justice system. |
| 96 | N/A | Individual is over the age for juvenile justice system involvement-more applicable to the adult criminal justice system instead. |

Guidelines:

- Select the value that represents the child/youth's law history involvement.
- If the child/youth's history includes involvement where they have been the alleged perpetrator of a crime where delinquency petition has not been filed, and another instance where a petition has been filed, enter code 53 which represents the more serious instance.
- When selecting the most appropriate code, answer based on the justice setting that is connected to the individual's legal involvement.  Is it the juvenile Justice System?  The adult Justice System?  The Wayne County Justice System? Etc.
- 18-year-olds may have adult or child/youth answers depending on their age when they had their law enforcement encounter.  An 18-year-old who has a fresh encounter with law enforcement after their 18th birthday , would report 96-N/A.  An 18-year-old who has an open/pending juvenile delinquency petition filed prior to their 18<sup>th</sup> birthday, report 53.
- This is a history, not status field; therefore, history includes all history, even on update/end records.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.

- For service start records (A, M, Q):
  - If service start date > 09/30/2023, and individual is 19 or older, the value must be 96.
  - If service start date > 09/30/2023 and individual is 18, the value must be 51, 52, 53, or 96.
  - If service start date > 09/30/2023 and individual is under 18, the value must be 51, 52, or 53.

- o   If the service start date < 10/01/2023, the value must be blank.
- For service update/end records (S, U, D, E):
  - o   If service update/end date > 09/30/2023, and individual is 19 or older, the value must be 96.
  - o   If service update/end date > 09/30/2023 and individual is 18, the value must be 51, 52, 53, or 96.
  - o   If service update/end date > 09/30/2023 and individual is under 18, the value must be 51, 52, or 53.
  - o   If the service start date < 10/01/2023, the value must be blank.

**Youth Prior Juvenile Justice History – A074; DU053** – State Field

Description: Specifies if the child/youth have a history of formal or informal juvenile justice system or if their juvenile case was waived to the adult system.

| Code | Value Label | Description |
|------|-------------|-------------|
| 51 | None | There has been no juvenile justice involvement for the child/youth to date. |
| 52 | Informal Jurisdiction | The child/youth has had prior juvenile justice involvement reflecting INFORMAL court jurisdiction (i.e., prevention program, diversion agreement/program, consent calendar). Please note that this involvement is specific to juvenile delinquency cases and should not reflect other court case types such as child welfare involvement. |
| 53 | Formal Jurisdiction | The child/youth has had prior juvenile justice involvement-with that involvement reflecting FORMAL court involvement/jurisdiction (i.e., Adjudication, Disposition entered). Children/Youth that have entered a formal plea, including those that may have taken a Plea under advisement/held in abeyance will fall in this category. Please note that this involvement is specific to juvenile delinquency cases and should not reflect other court case types such as child welfare involvement. |
| 54 | Waived to Adult System | Child/youth previously charged in juvenile court and waived to the adult criminal system. |
| 96 | N/A | Individual is over the age for juvenile justice system involvement-more applicable to the adult criminal justice system instead. |

Guidelines:

- Select the value that represents the child/youth's juvenile justice history involvement.
- Typically, juvenile justice cases have either informal supervision or formal supervision, not both concurrently. It is possible for a youth to have two concurrent statuses by being under supervision for one delinquency petition AND having a new delinquency petition pending. In this instance, record the code for the supervision status that is known at the time (52-Informal supervision or 53-formal supervision). When the pending petition is resolved, enter the supervision code in effect at the time of the next regular update/service end record.
  - Example 1: Youth is under informal supervision and has a pending petition: Record 52 on the record. In all likelihood, this scenario will eventually result in the informal case getting transferred to formal supervision and the second petition likely resulting in formal oversight as well. If/when that happens, 53, formal supervision, is reported in the next update/service end record.
  - Example 2: Youth is under formal supervision and has a pending petition: Record 53 on the record. The pending petition will likely result in continued formal supervision, so you would also record 53 on the next update/service end record.
- When selecting the most appropriate code, answer based on the justice setting that is connected to the individual's legal involvement. Is it the juvenile Justice System? The adult Justice System? The Wayne County Justice System? Etc.
- 18-year-olds may have adult or child/youth answers. If an 18-year-old has an open juvenile justice case under informal or formal jurisdiction, resulting from actions prior to their 18th birthday, report 52 or 53. If the 18-year-old has no current/open juvenile justice case, answer 96-N/A.
- This is a history, not status field; therefore, history includes all history, even on update/end records.

**LOCUS Composite Score - A063; DU044** – State Field

Description:    Specifies the most recent 2-digit LOCUS Composite Score MI-adult.

| Value | Description |
|-------|-------------|
| nn | Most recent 2-digit Locus Composite Score for MI-Adults |
| 96 | Not applicable – There was **no LOCUS** Assessment in the past three (3) years **and** the individual is an Adult who will/did not receive MI Services; Or, an individual under age 21 with SED, an individual under age 21 who received a CAFAS or PECFAS; Or, an individual receiving SU services whose Level of Care (LOC)was determined following the ASAM criteria; Or, an individual with I/DD Designation whose LOC was/will be determined by the SIS;  Or, an individual with I/DD Designation who does not meet eligibility criteria for a SIS; Or, an adult whose inpatient stay, partial hospitalization, or crisis residential LOC was determined by the MCG). |
| 97 | Unknown for this Crisis Event |
| 98 | Not collected – MH BHTEDS full record exception |

Guidelines:

- Enter the **most recent** LOCUS composite score of the Adult who will/has received MI services.  The LOCUS must be completed at least annually and is required anytime there is a change in level of care (i.e., transition from hospital to community, change in intensity of services, discharge).
- Per the PIHP contract, PIHPs are to ensure that each individual 18 years and older with a severe mental illness and/or co-occurring disorders (severe mental illness and substance use disorders at a CMHSP or CMH Provider (M/U/E records)), regardless of Medicaid status,  has a LOCUS completed as part of any assessment or reassessment process if they are not receiving Early Periodic Screening Diagnosis and Treatment Services (EPSDT).
- CCBHCs are to ensure that each individual age 18 and older with a mild-to-moderate mental illness or severe mental illness and/or co-occurring disorders (mental illness with and substance use disorders at a CMHP or CMH Provider (M/U/E records)), regardless of Medicaid status, has a LOCUS completed as part of any assessment or reassessment process.
- If the Level of Care was determined by the SIS, ASAM, or MCG criteria and there was **no LOCUS performed within the three (3) years**, prior to this admission, a 96-N/A may be reported.
- If there is not a new/updated LOCUS score for the service start, update, or end date being reported, the most recent prior score and assessment date should be reported, even if it is before the episode's Service Start Date.
- The LOCUS Score ties directly to the LOCUS Assessment Date, not the Service Start/Update/End Date.  Therefore, if the LOCUS assessment is performed after an M record is submitted but before an update is due, submit a Change (C) record changing the LOCUS Score and Assessment Date to reflect this new information.
- Enter 96 when there is **no LOCUS score dated within the last three (3) years** in the individual's EMR **AND** one of the following is true:
  o The individual is under age 21 with SED.
  o The individual is under age 21 and CAFAS or PECFAS was used instead of LOCUS.
  o This is an SU admission (A, S, D records), and the LOC was determined following ASAM Criteria as the LOCUS is not required for integrated SU/MH treatment funded with SU dollars whose LOC was determined by ASAM.

- o The individual is 16 or older whose primary diagnosis for service delivery is IDD and their LOC was/will be determined by the SIS.  NOTE:  Unless a significant life change has occurred, a SIS ==Assessment== is ~~required every~~ ==effective for== three (3) years.
  - o The individual is 16 or older whose primary diagnosis for service delivery is IDD and **DOES NOT** ~~meet eligibility criteria for a~~ ==have an active== SIS.
  - o This is an adult (age greater than=18) who's inpatient hospitalization, partial hospitalization, crisis residential stay was determined by the MCG
- Enter 98 if there is NO updated OR previously reported LOCUS score dated within the last three (3) years, even from a prior episode of care and the current episode is:
  - o an OBRA Assessment-only episode (99304-99310)
  - o a Crisis only event (H2011, T1023, S9484, 90839, 90840)
  - o a Brief Screening only event (H0002)
  - o a Transportation-only Episode (A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, A0427, S0209, S0215, T2001-T2005)
- 98 is also allowed when there is NO updated OR previously reported LOCUS score dated within the last three (3) years, even from a prior episode of care, and the current situation meets one of the allowable full BHTEDS Full Record exceptions (i.e., co-located service).
- If the determination of Level of Care for an individual with an Intellectual/Developmental Disability changes from LOCUS to SIS, 96 should be reported on all BHTEDS records following that change in level of care determination process.
- 97 is not a valid response for Service Start (A, M) records with a Service Start Date greater than 09/30/2017; however, it may be used when submitting 'old' pre-10/01/2017 records.
- 97 is not a valid response for Service Update/End (S, U, D, E) records with a Service Update/End Date greater than 09/30/2017; however, it may be used when submitting 'old' re-10/01/2017 records.
- After 09/30/2017, 97 is only available for Crisis Event (Q) records.
- 98 is only available for MH (M, U, E) records and used to report if the LOCUS was not completed/reported at any point in time.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.
- If LOCUS score is greater than 35 AND less than 96, the record will be rejected.
- If the individual is younger than 18 years old and the composite score is not 96, the record will be rejected.
- If this is a Service Start Record (A, M) and Service Start Date greater than 09/30/2016 and 95 is reported, the record will be rejected.
- If 97 is reported for a Start (A. M) record, the Service Start Date must be less than 10/01/2017.
- If 97 is reported for an Update/End (U, E, D) record, the Service Update/End Date must be less than 10/01/2017.
- If this is an SU record (A, S, D) and 98 is reported, the record will be rejected.
- If 98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected.   If 98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

- If 98 is reported for a MH Update/End record (U, E) and the Service Update/End Date is greater than 09/30/2017 and less than 09/30/2019, the BHTEDS Full Record exception field must have a value between 03 and 09, identifying why the information was not collected.  If 98 is collected for a MH Update/End record (U/E) and the Service Update/End Date is greater than 09/30/2019, the BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

**LOCUS Assessment Date - A064; DU045** – State Field

Description:    Specifies the date that the most recent LOCUS Assessment was completed and reported for an MI-adult.

| Value | Description |
|---|---|
| MMDDYYYY | Date of assessment for which LOCUS score is reported. |
| 09302099 | Adult will/did not receive MI Services, an individual under age 21 with SED, an individual under age 21 who received a CAFAS or PECFAS, an individual receiving SU services whose Level of Care was determined following the ASAM criteria, an individual with I/DD whose Level of Care was/will be determined by the SIS, an individual with I/DD whose does not meet the eligibility criteria for a SIS, , an adult whose inpatient stay, partial hospitalization, or crisis residential LOC was determined by the MCG), OBRA Assessment Only episode, Brief Screening Only event, Crisis-only event, or individual for whom LOCUS was not completed/reported due to a MH BHTEDS full record exception. |

Guidelines:

- Enter the date the most recent LOCUS was performed whose composite score was reported in A063 OR DU045 for the Adult MI individual being served.
- Enter 09302099 if the individual did not receive a LOCUS in the last three (3) years and any of the following conditions are true:
  - The individual is not an adult who will receive/has received MI services.
  - The individual has a Substance Use Problem (A, S, or D record) and the LOC was determined following ASAM Criteria.
  - The individual is not an adult.
  - The individual is under age 21 with an SED.
  - The individual's level of care was/will be determined by the SIS.  NOTE:  Unless a significant life change has occurred, a SIS Assessment is effective for three (3) years.
  - The individual is 16 or older whose primary diagnosis for service delivery is IDD and **DOES NOT** ~~meet eligibility criteria for a~~ have an active SIS.
  - The individual is an adult (age greater than=18) who has not had a LOCUS in the past three (3) years and their inpatient hospitalization, partial hospitalization, crisis residential stay was determined by the MCG.
  - The data is unknown for a Crisis Event (Q).
  - The data was not collected due to MH BHTEDS full record exception.
  - There is NO updated OR previously reported LOCUS for an episode that is:
    - OBRA Assessment-only Episode (99304-99310)
    - Transportation-only Episode (A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, A0427, S0209, S0215, T2001-T2005)
    - Crisis only event (H2011, T1023, S9484, 90839, 90840)
    - Brief Screening only event (H0002)

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.
- If the individual is younger than 18 and the LOCUS Assessment date is not 09302099, the record will be rejected.

- If LOCUS Composite Score is 96 or 98 and the LOCUS Assessment Date is not 09302099, the record will be rejected.
- If LOCUS Composite Score on a Service Start Record (A, M) is 97 with a Service Start Date before 10/01/2017 and the LOCUS Assessment Date is not 09/30/2099, the record will be rejected.
- If LOCUS Composite Score on a Service Update/End record (U, E, D) is 97 with a Service Update/End Date before 10/01/2017 and the LOCUS Assessment Date is not 09/30/2099, the record will be rejected.

**Diagnostic Code Set Identifier – A057; DU040** – Federal Field

Description:      Specifies the Diagnostic Code set used in reporting the Substance Use Diagnosis on the Service Start Record or the Mental Health Diagnostic Code One on the Service Update/End record.

| Value | Description |
|---|---|
| 3 | ICD-10 |

Guidelines:

- ICD-10 is the Diagnostic Code Set to be used in BHTEDS.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If 3 is not reported, the record will be rejected.

**Substance Use Diagnosis – A058** – Federal Field

Description:    Specifies the individual's diagnosis used to identify the substance use problem that provides the reason for an encounter or treatment.

| Value | 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 | No substance use diagnosis exists OR it has not been determined if an SU diagnosis exists based on the assessment performed. |

Guidelines:

- See Appendix C – State of Michigan MDHHS Specialty and Supports Waiver Alcohol and Drug Abuse Diagnosis Codes for the current list of Substance Use Diagnostic Codes identified in the Behavioral Health Capitation Rate Certification provided by Milliman.
- ICD 10 Codes must be reported.
- The diagnosis must be provided by a licensed clinician, who may or not be directly employed by the PIHP or provider, operating within their scope of practice (i.e., psychiatrist, LMSW, Physician Assistant, etc.).
- While three-character codes with no decimal or following digits will be accepted, more complete diagnoses have at least one digit to the right of the decimal.  PIHPs should strive to obtain complete coding with sufficient digits to accurately code the diagnosis.
- If an individual has a primary substance use problem identified in field A038, a substance use diagnosis should be reported.
- If individual has integrated (1) or co-occurring (3) is reported for Integrated SU and MH Treatment (A051, DU048) an SUD other than 999.9997 diagnosis is required.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.

**Mental Health Diagnostic Code (One, Two, Three) – A059, A060 & A061; DU041, DU042, & DU043** – Federal Field

Description:       Specifies the individual's diagnosis used to identify the mental health problem that provides the reason for an episode of care.

| Value | 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 | No primary MH diagnosis has been determined. |

Guidelines:

- See Appendix A – State of Michigan MDHHS Specialty and Supports Waiver Developmentally Disabled Diagnosis Codes for the current list of I/DD Diagnostic Codes identified in the Behavioral Health Capitation Rate Certification provided by Milliman.
- See Appendix B – State of Michigan MDHHS Specialty and Supports Waiver Serious Mental Illness Diagnosis Codes for the current list of SMI Diagnostic Codes identified in the Behavioral Health Capitation Rate Certification provided by Milliman.
- ICD 10 Codes must be reported.
- While three-character codes with no decimal or following digits will be accepted, more complete diagnoses have at least one digit to the right of the decimal.  PIHPs should strive to obtain complete coding with sufficient digits to accurately code the diagnosis.
- Diagnoses should be sequenced from most (Primary) to least (Tertiary) problematic for the individual.
- If the individual has an MI designation of 'Yes', an MI diagnosis is expected in one of the three MH Diagnosis fields.
- If the individual has an IDD designation of 'Yes', an IDD diagnosis is expected in one of the three MH diagnosis fields.
- If individual has integrated (1) or co-occurring (3) is reported for Integrated SU and MH Treatment (A051, DU048) a MH Diagnosis One other than 999.9997 diagnosis is required.
- If the individual has only one reported mental health diagnosis, use code 999.9997 for Mental Health Diagnoses Two and Three.
- If the individual has more than three mental health diagnoses, use the three addressed in the treatment plan.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If Mental Health Diagnosis Two or Three is not 999.9997, Mental Health Diagnosis One must not be 999.9997.
- If Mental Health Diagnosis Three is not 999.9997, Mental Health Diagnosis Two must not be 999.9997.
- Other than 999.9997, if Mental Health Diagnosis One equals Mental Health Diagnosis Two or Mental Health Diagnosis Three, the record will be rejected.
- Other than 999.9997, if Mental Health Diagnosis Two is the same as Mental Health Diagnosis Three, the record will be rejected.

**Legal Status at Admission to State Hospital – A062** – Federal Field

Description:     Identifies the individual's legal status at the time of admission to a state psychiatric hospital.

| Code | Value Label | Description |
|------|-------------|-------------|
| 01 | Vol-self | Voluntary – Self |
| 02 | Vol-others | Voluntary – Others |
| 03 | Invol-civil | Involuntary – Civil |
| 04 | Invol-criminal | Involuntary – Criminal |
| 05 | Invol JJ | Involuntary – Juvenile Justice |
| 06 | Invol-civil sexual | Involuntary – Civil – Sexual |
| 96 | N/A | Not7 applicable |

Guidelines:

- This information is used to report the State Hospital 30-day and 180-day Readmission Rates NOM by individual's legal status.
- State Psychiatric Hospital stays require a separate BHTEDS episode.  A separate M record must be submitted when an individual receiving MH services is admitted to a State Psychiatric Hospital.  If the individual remains open at the CMHSP, there would be two (2) concurrent M records.  The admission date fields are used to join the U and E records with the appropriate admission.  The PIHP may opt to handle this situation with consecutive records, Ending the MH service record and adding a new Service Start Record for the State Hospital admission.
- Michigan State Psychiatric Hospitals are Caro Center, Center for Forensic Psychiatry, Hawthorn Center, Kalamazoo Psychiatric Hospital, and Walter P Reuther Psychiatric Hospital.
- 01-Voluntary-Self, 02-Voluntary-others, and 03-Involuntary-Civil are classified as non-forensic while codes 04-Involunary-Criminal, 05-Involuntary juvenile Justice, and 06-Involuntary-Civil-Sexual are classified as forensic.
- For individuals committed for dangerousness due to mental illness, report 03-Involuntary-Civil.
- For Juvenile clients who are adjudicated as adults, use code 04-Involuntary-Criminal
- For clients civilly committed under laws that are referred to as 'sexual predator' laws should be reported as 06-Involuntary-Civil-Sexual.
- 96-Not Applicable should be reported when the individual's Type of Treatment Service Setting is NOT 7s-State Psychiatric Hospital.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If Treatment Service Setting (A016) = 72-State Psychiatric Hospital, 01-06 must be reported for Legal Status AT Admission to State Hospital (A062).
- If Treatment Service setting (A016) ≠ 72, 96-Not Applicable must be reported for Legal Status AT Admission to State Hospital (A062).

**MH BHTEDS Full Record Exception – A071** – State Field

Description:      Indicates why data was not collected for specified field(s).

| Code | Value Label | Description |
|------|-------------|-------------|
| 02 | None | No |
| 04 | Co-located | Yes, Co-located Service |
| 05 | School Prevention | Yes, School Prevention Services Only |
| 06 | Family Subsidy | Yes, Family Subsidy Services Only |
| 07 | Early-on | Yes, Early-On Services Only |
| 08 | Early-ended Assessment | Yes, Assessment Only |
| 09 | Other* | Yes, Other |
| 10 | Inpatient Secondary Payer | Yes, Inpatient Hospital Services where MDHHS managed funds are the secondary payer for services. |
| 95 | N/A FT17 | Not applicable for FY17 record submitted in FY18 or later format. |

Guidelines:

- Identify the reason why data was not reported for one or more MH record fields with this option.
- If an SU (A, S, D) or Crisis Event (Q) record, report 02.
- Example of a Co-located (04) service is when a MH Professional performs CMH-covered services at a physician's office and the physician's EMR is the primary record holder.
- School Prevention Services Only (05) generally are performed in a school-setting where detailed individual EMRs are not maintained.
- The Family Subsidy Services Only exception could be used when the only service(s) provided are those covered with the $222.11 monthly payment that the family must spend on special needs that occur because of caring for a child with a severe disability at home.
- The Early-On Service Only exception could be used when the services provided are early intervention services for infants and toddlers, birth to three years of age, with developmental delays and/or disabilities, and their families.
- If 09-Yes, Other is reported, track the 'other' reason(s) as PIHPs will report a summary of 'other' exceptions quarterly annually to MDHHS.
- 10-Inpatient Secondary Payer indicates that the PIHP, who was secondary payer for hospital services, was not aware of the services until they were billed, and the person had been discharged.
- Report 95 if this is a MH FY17 record being submitted in the FY18 or later format.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If 03-Yes, Crisis Only Service is reported on MH Start (M) record, Service Start Date must be less than 10/01/2019.
- If 03-Yes, Crisis Only Service is reported on MH Update/End (U, E) record, Service Update/End Date must be less than 10/01/2019.
- If 95 is reported, Service Start Date must be less than 10/01/2017.
- If this is an SU (A) or Crisis Event (Q) record and anything other than 02 is reported, the record will be rejected.

**PIHP Record ID – A098; DU098** – PIHP Field

Description:      Optional PHIP-generated record ID which will be returned with the error record should an error exist during processing.

Guidelines:

- Optional
- 10 alpha-numeric characters

Validation Edits:  None

**Service Update/End Date – DU015** – Federal Field

Description:     The second point of time (T2) date.  The date of the update (MH) or date services end (MH and SU) to provide a T2.

| Value | Description |
|---|---|
| MMDDYYYY | Concatenation of 2-digit-month, 2-digit-day, and 4-digit-year identifying the date of update, or the date services ended. |

Guidelines:

- An Update (S, U) record is required at least annually, at the time of the individual's annual review/IPOS update.  For a U record, the Service Update/End Date is the date the date that the data was recollected at the time of the annual review.
- For MH and SU, a Service End (D, E) record is submitted when the individual is no longer receiving services.  For an E or D record, when the Reason for Service End is 06-Death, the Service Update/End Date is the date of death.  In all other instances, the Service Update/End date is the date of the last face-to-face service.
- If the reason for discharge is death, the date of death is the Service End Date, and the data should reflect the individual at that time.  Data based on the individual's last face-to-face service should be used when the information is not available for date of death.
- If a MH individual does not formerly discharge (i.e., stops showing for up for services): 1) submit an E record when no MH services have taken place for approximately 90 days. This is a guideline.  Use clinical judgment when making final determination.
- If an SU individual does not formerly discharge (i.e., stops showing for up for services): 1) submit a D record when no detox or residential SU services for approximately 3 days; 2) submit a D record when no O/P SU services for approximately 45 days.  This is a guideline.  Use clinical judgment when making final determination.
- Use valid calendar dates.
- The Service End Date may be the same as the Service Start Date but cannot be sooner.
- Only one Update or End record is allowed per date.

Validation Edits:

- If this field is blank, the record will be rejected.
- If the field is not a valid calendar date (i.e., 02302015), the record will be rejected.
- If the date reported is greater than the system date, the record will be rejected.
- If the date reported is less than the Service Start Date, the record will be rejected.
- If the date reported is the same as an Update/End record already in place, the record will be rejected.
- If BHTEDS Full Record Exception – 95, then Service Update/End Date must be prior to 10/01/2017.

**Service Update/End Time of Day – A012, DU016 – State Field**

Description:      The time data was recollected (MH U record) or services end (MH-E record or SU-D record).

| Value | Description |
|-------|-------------|
| HHMM  | Military time |

Guidelines:

* This field is utilized in MDHHS's receiving data system to put events (Starts/Updates/Ends) in proper chronological order when they occur on the same date/month/year. If it is not practical to enter an actual Update/End time, be sure to assign times that are later than the Service Start Time or Service Update Time of Day of the record it is to follow.
* HH must be an integer between 00 and 23.
* MM must be an integer between 00 and 59.

Validation Edits:

* If this field is blank the record will be rejected.
* If the field is not a valid military time (i.e., 2415), the record will be rejected.
* If Service Start Date and Service Update/End Date are the same and the Service Update/End Time of Day ≤ the Service Start Time of Day, the record will be rejected.

**Reason for Service Update/End - DU017 -** Federal Field

Description:     Identifies the record as an Update or indicates the outcome of a treatment episode or reason for transfer/discontinuance.

| Code | Value Label | Description |
|------|-------------|-------------|
| 01 | Completed | Substantially all parts of the treatment plan or program were completed, and the individual is not transferring on to another LOC or treatment provider. |
| 02 | Dropped Out | Individual chose not to complete treatment program.  Includes individuals who drop out of treatment for unknown reasons, individuals with whom contact has been lost, individuals who fail to return from leave (i.e., AWOL), and individuals who have not attended for some time as identified by state guidelines. |
| 03 | Term by Facility | Treatment terminated by action of the treatment facility, generally because of non-compliance with treatment or violation of rules, laws, policies, or procedures. |
| 04 | Transferring | Individual will transfer to another level of care, program, provider, or facility. |
| 34 | Discharged from State Hosp to Acute Med Facility (MH only) | Individual with an open State Psychiatric Hospital Admission is discharged from the state hospital and transferred to an acute medical facility for medical services.  (MH only) |
| 05 | Incarcerated or released by/to Courts | Individual's treatment is terminated because they have been subject to jail, prison, or house confinement or they have been released by or to the courts. |
| 06 | Death | The death of the individual receiving behavioral health services. |
| 07 | Other | Individual transferring or discontinuing treatment because of change in life circumstances like aging out of the Children's MH System, extended illness, hospitalization, or placement, or change of residence out of the PIHP region. |
| 96 | N/A – Update Record | Utilized for Update records only |

Guidelines:

- Report the field that best describes what is planned at update/discharge.
- Completed and Transferring are considered positive terminations.  Dropped out, terminated by facility, and incarcerated are considered more negative types of termination.
- Assessment Only Scenarios:
  - The assessment results recommend further treatment, and the individual indicates they plan on going outside of the CMH/PIHP/SU provider arena (i.e., through their primary care, private insurance), enter 04-Transferring.  More treatment is needed, and the individual indicates the individual plans to go.
  - The assessment results recommend further treatment, and the individual indicates they do not plan to follow-up, enter 02-Dropped Out.  More treatment is needed, and the individual says they are not going.
  - The assessment results indicate no further treatment is needed.  Enter 02-Completed.  The only 'treatment' goal was assessment, and it was completed.
- If an individual substantially completes their treatment goals, report 01-Completed Treatment.
- If a person is receiving treatment and substantially completes all parts of their treatment plan and the plan is for them to get medication-only services from their primary care provider, report 01-Completed Treatment.
- If an individual stops showing for appointments and:
  - Substantially all treatment goals were completed, enter 01-completed.
  - Many of the treatment goals were not completed, enter 02-Dropped out.

- <mark>If it is planned for the individual to transfer to another level of care, enter 04-Transferring.</mark>
- 96 is utilized for MH Update Records only as the individual has not transferred or terminated services.
- When the Reason for Service End is 06-Death, the Service Update/End Date is the date of death.  In all other instances, the Service Update/End date is the date of the last face-to-face service.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.
- For assessment only records, 01-Treatment Completed should be reported as the identified needed service (Assessment) was completed unless one of the other responses better describe why continued treatment was not pursued.

**Juvenile Justice Involvement at Update or Discharge – DU054** – State Field

Description:    Specifies if the child/youth's juvenile justice status at update or discharge.

| Code | Value Label | Description |
|------|-------------|-------------|
| 51 | None | Child/Youth has no current juvenile justice system involvement. Reminder that child welfare system involvement does not apply to this section, and cases that involve the child/youth as the reported victim do not apply to this option. |
| 52 | Successful diversion/ prevention discharge | Child/Youth successfully completed their informal supervision program (i.e., prevention program, diversion, consent calendar, etc.) |
| 53 | Unsuccessful diversion/ prevention discharge | Child/Youth failed to complete the terms and conditions of their diversion/prevention program (i.e., failed to follow terms and conditions, received new charges, etc.) resulting in unsuccessful termination of the diversion/prevention program. |
| 54 | Successful formal JJ court supervision | Child/Youth has successfully completed the terms and conditions of their formal juvenile court delinquency case, with their juvenile delinquency case now being closed. |
| 55 | Unsuccessful formal JJ court supervision | Child/youth failed to complete the terms and conditions of their formal juvenile court delinquency case with their juvenile delinquency case now being closed. |
| 56 | New delinquency charges pending | The Child/Youth currently has new delinquency charges pending in juvenile court. NOTE:  This reflects only NEW charges that are pending, not anything that was already reflected in earlier BHTEDS reporting. |
| 57 | Waived to adult system | The Child/Youth has juvenile delinquency charges that have been waived to the adult criminal justice system for processing (i.e., based upon severity of the alleged crime, prosecutory waiver, etc.) |
| 58 | Open/unchanged | The juvenile justice delinquency case that was previously reported for this child/youth remains open/unchanged at this time.  The child/youth continue to be supervised in the manner previously reported at the most recent update/admission. |
| 96 | N/A | Individual is outside the age-range allowed by Michigan statute for JUVENILE justice involvement.  This option will largely apply to the adult population but also may include children that are too young for juvenile justice involvement based upon current laws and statutes.  May also include 19-year-olds whose juvenile justice case closed since the last admission/update. |

Guidelines:

- Select the value that represents the child/youth's juvenile justice involvement as of the date of the update/discharge.
- There should only be one possible value on the update/discharge date.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.

- o If service update/end date > 09/30/2023, the value must be 51, 52, 53, 54, 55, 56,57, 58 or 96.
- o If service update/end date > 09/30/2023 and the value is 51, 52, 53, 54, 55, 56, 57, or 58, the individual must be under 20 years of age.
- o If service update/end date > 09/30/2023 and the value is 96, the individual must be 18 or older.
- o If the service start date < 10/01/2023, the value must be blank.

# Other Important Clarifications/Considerations/Reminders

- BHTEDS is a capture-recapture (T1 – T2) model, where we are looking for the direction and magnitude of change. T1 is the baseline.

- Except for individuals receiving direct SAMHSA CCBHC services at non-CCBHC Demonstration sites, every CCBHC recipient is required to have an active BHTEDS episode during the time they are receiving any CCBHC services. Submission of BHTEDS records for individuals solely receiving services through the direct SAMHSA CCBHC grant at non-CCBHC Demonstration sites are encouraged but not required.

- When SU funds pay for SU services at a CCBHC, A-S-D records are used. When MH funds pay for SU services at a CCBHC, M-U-E records are used.

- BHTEDS is episode, not event based. The episode is defined by Provider ID. In SU, the Provider ID and episode for BHTEDS requirement is by SU Provider ID level, except for services provided at a satellite office of the primary treatment provider when there is one treatment plan and one client record at the primary treatment provider site. In MH, the Provider ID and episode is defined at the CMH level. For MH, a new BHTEDS record is NOT expected as an individual moves around providers within the same CMH.

- All questions need to be asked of the consumer at each data point (service start, update(s), and service end) because there is potential change in the response/answer. This provides the greatest value of BHTEDS – seeing the magnitude and direction of change.

- Since many of the BHTEDS fields are often not able to be collected during a Crisis, the Q record is used to report the information that is collected for a Crisis Event. The Q record is a Mental Health only concept. It is a T1-only model where we look at the fields at the time of the event only. A Q record is required when an individual without an open BHTEDS episode and no BHTEDS record submitted in the past 90 days receives a crisis only service (H2011, 90839, 90840, S9484, T1023). If an individual receives a crisis service and has an open BHTEDS MH episode or a BHTEDS record submitted in the past 90 days, a Q may be submitted; however, it is not required or expected.

- If it is a business' practice to complete a full BHTEDS for T1023, there are no edits preventing that from happening. The system will look for an M or a Q for T1023s when calculating completion rates.

- Only MH and SU records can be 'updated'. Q records do not have an update option.

- The first mental health BHTEDS record submitted for an individual must always be a Service Start Record (M). The first non-health-home-only (S0280) event once an individual is formally accepted into substance use treatment at a licensed SU provider must always be a Service Start Record (A). You cannot update a record that is not already in BHTEDS.

- If the value(s) of one/more fields have changed over time since Service Start Date, then an Update could be submitted; however, it is not required or expected. A MH Update (U) record or SU Update (S) record is only required annually. If the data should have been different from the beginning of the service, you have the option of sending a Change record or a Delete of the original record and submit an Add of the 'corrected' record. If the correction is to a non-key field, Change is preferred. If the correction is to a key field, the Delete and Add are required. If the record has not been sent to MDHHS, the clinician can correct the fields in the PIHP system, and it would be included in the Initial Service Start Record submitted to MDHHS. In this scenario, a C is a T1 record: when you send a U, it's a T2 record. All U and S records are second point-in-time records.

- You can delete a Start Record (A, M) record and add a new one without going through all the layers of those at a different Provider ID. If there are records accepted into BHTEDS after the Service Start/Update/End date of a deleted record, all records after the deleted A or M must be deleted and re-added.

- You can Change an existing record without going through all the layers if you are not changing a key field. Submit a Change record with the corrected information in the field(s) that contains the error and the original responses in all the other fields so that the record can pass the edits when read into the BHTEDS system. When correcting a non-key Service Start record, a Change to the M record is only required. When correcting a non-key Service Update/End record, a Change to **all** U/E records accepted into the data system that need correction.
- If you are changing a key field, it will be necessary to Delete and Add the affected S, U, D or E records as their key fields need to sync to the proper Service Start (admission) Record.
- The best answer among the choices is useful enough and good enough. Useful and informative is the goal. Answers are self-report; however, the PIHP should ascertain and report actual, true data when it is known to differ from what the individual reported.
- SU (A) and MH (M) records may be concurrent or sequential.
  - For example, an SU individual is referred to MH for services. The A record remains unchanged and has its own D when individual is discharged from SU program. Meanwhile, an M record is added effective on the first date of MH treatment service. The M record is Updated (U) at least annually and has its own End (E) record at the end of treatment.
  - Individuals receiving integrated substance use and mental health treatment ~~at one facility~~ managed by a single entity and/or paid by a single funding source (MH or SU) will only have one record: an A (if SU-funded) or an M (if MH funded) with all fields required.
  - Individuals receiving integrated substance use and mental health treatment at multiple physical locations may have one or two records. It typically depends on funding source and PIHP practice. The key is that the treatment is coordinated amongst the different providers.
  - Although there is one and only Payer ID in BHTEDS, encounters will continue to have two payer ids utilized (one for MH, another for SU).
- Only one (1) Q record may be submitted on any given date. If more than one crisis event occurs on a given day, it is allowable and preferable to combine the information from the different Q records on that day to submit the most complete Q record possible.
- Q records may be submitted at any time in any order. There is no edit in place identifying its place in the series of other BHTEDS MH records.
- For SU Treatment, a person can be concurrently admitted to more than one licensed provider with the following exceptions:
  1) Both providers may not be residential providers (any combinations of short term and long term)
  2) Both providers may not be detox providers. But, if a person is in a residential setting and he/she needs sub-acute detox during the stay, both admissions can remain open as long as there is not double reporting of encounters on the same calendar night. This avoids having to discharge (D) and re-admit (A) at the residential provider.
- For SU Treatment, a person may not be admitted concurrently to more than one service category at the same licensed site. They may, and it is preferred they, however, be discharged from a different service category than what they were admitted to at that site. This allows the hand-off from one service category to another (at the same site). All admissions can be treated sequentially with a discharge (D) and re-admission (A) after each service category and license number change (The required TEDS approach before 2006).
- For SU Treatment, if two distinct providers are involved at the same time, concurrent admissions are required. If two services are performed at the same site concurrently, only one is allowed.
- For 1 and done episodes (i.e., Assessment only, intake only, drop-out after 1 session) for all non "in the last 30 days" fields, it is generally appropriate to answer the Service End records (D and E) with the same data values as its relative

Service Start Record (A or M).  For any "in the last 30 days" fields, the answer on the Service End record (D or E) will be zero, unless, of course, the event (i.e., used a substance, got arrested) happened during your one session with that individual.

- State Hospital stays must have their own separate, distinct episodes.  The State Hospital episode may be sequential to or concurrent with another Mental Health Episode.  It can never be concurrent with a Substance Use Episode.

- Distinct responses for co-located service (7, 97, 997, 97.97) are no longer valid beginning 10/01/2017.  Instead, these exceptions should be noted through the new MH BHTEDS Full Record Exception option.  If you are submitting an old (pre-10/01/2017 Service Start or Service End Date) record, the old co-located fields may be reported.

- The MH BHTEDS Full Record Exception response to any field is only available for MH records (M, U, E).  Substance Use records (A, S, D) may NOT use this option.

- When the reason for discharge is death, the date of death is reported for the service end date.  In all other discharges, the date the last service with the individual present is reported for the service end date.

Appendix A

| | State of Michigan<br>Department of Health and Human Services<br>Specialty Services and Supports Waiver<br>Developmentally Disabled Diagnosis Codes | | | |
|---|---|---|---|---|
| *Rx HCC Group* | *Diagnosis Code* | *Description of Diagnosis* | *Adult* | *Children* |
| Mild | F70 | Mild intellectual disabilities | Y | Y |
| Moderate | F71 | Moderate intellectual disabilities | Y | Y |
| Severe | F72 | Severe intellectual disabilities | Y | Y |
| Severe | F73 | Profound intellectual disabilities | Y | Y |
| Mild | F78 | Other intellectual disabilities | Y | Y |
| Mild | F79 | Unspecified intellectual disabilities | Y | Y |
| Other | G31.84 | Mild cognitive impairment, so stated | Y | Y |
| Other | E75.23 | Krabbe disease | Y | Y |
| Other | E75.25 | Metachromatic leukodystophy | Y | Y |
| Other | E75.29 | Other sphingolipidosis | Y | Y |
| Other | F80 | Specific developmental disorders of speech and language | Y | Y |
| Other | F81 | Specific developmental disorders of scholastic skills | Y | Y |
| Other | F82 | Specific developmental disorder of motor function | Y | Y |
| Other | F84 | Pervasive developmental disorders | Y | Y |
| Other | F88 | Other disorders of psychological development | Y | Y |
| Other | F89 | Unspecified disorder of psychological development | Y | Y |
| Other | G40.9 | Epilepsy, unspecified | Y | Y |
| Other | G80.0 | Spastic quadriplegic cerebral palsy | Y | Y |
| Other | G80.9 | Cerebral palsy, unspecified | Y | Y |
| Other | Q871 | Congenital malformation syndromes predominantly associated with short stature | Y | Y |
| Other | Q90 | Down syndrome | Y | Y |
| Mild | Q91 | Trisomy 18 and Trisomy 13 | Y | Y |
| Mild | Q92 | Other trisomies and partial trisomies of the autosomes, not elsewhere classified | Y | Y |
| Mild | Q93 | Monosomies and deletions from the autosomes, not elsewhere classified | Y | Y |
| Mild | Q95.2 | Balanced autosomal rearrangement in abnormal individual | Y | Y |
| Mild | Q95.3 | Balanced sex/autosomal rearrangement in abnormal individual | Y | Y |
| Mild | Q99.2 | Fragile X chromosome | Y | Y |

## Appendix B

| | State of Michigan<br>Department of Health and Human Services<br>Specialty Services and Supports Waiver<br>Serious Mental Illness Diagnosis Codes | | |
|---|---|---|---|
| **Diagnosis Code** | **Description of Diagnosis** | **Adult** | **Children** |
| F01 | Vascular dementia | Y | Y |
| F02 | Dementia in other diseases classified elsewhere | Y | Y |
| F03 | Unspecified dementia | Y | Y |
| F04 | Amnestic disorder due to known physiological condition | Y | Y |
| F05 | Delirium due to known physiological condition | Y | Y |
| F06 | Other mental disorders due to known physiological condition | Y | Y |
| F07 | Personality and behavioral disorders due to known physiological condition | Y | Y |
| F09 | Unspecified mental disorder due to known physiological condition | Y | Y |
| F20 | Schizophrenia | Y | Y |
| F21 | Schizotypal disorder | Y | Y |
| F22 | Delusional disorders | Y | Y |
| F23 | Brief psychotic disorder | Y | Y |
| F24 | Shared psychotic disorder | Y | Y |
| F25 | Schizoaffective disorders | Y | Y |
| F28 | Other psychotic disorder not due to a substance or known physiological condition | Y | Y |
| F29 | Unspecified psychosis not due to a substance or known physiological condition | Y | Y |
| F30 | Manic episode | Y | Y |
| F31 | Bipolar disorder | Y | Y |
| F32 | Major depressive disorder, single episode | Y | Y |
| F33 | Major depressive disorder, recurrent | Y | Y |
| F34 | Persistent mood [affective] disorders | Y | Y |
| F39 | Unspecified mood [affective] disorder | Y | Y |
| F40 | Phobic anxiety disorders | Y | Y |
| F41 | Other anxiety disorders | Y | Y |
| F42 | Obsessive-compulsive disorder | Y | Y |
| F44 | Dissociative and conversion disorders | Y | Y |
| F45 | Somatoform disorders | Y | Y |
| F48 | Other nonpsychotic mental disorders | Y | Y |
| F50 | Eating disorders | Y | Y |
| F51 | Sleep disorders not due to a substance or known physiological condition | Y | Y |
| F52 | Sexual dysfunction not due to a substance or known physiological condition | Y | Y |
| F53 | Puerperal psychosis | Y | Y |
| F54 | Psychological and behavioral factors associated with disorders or diseases classified elsewhere | Y | Y |

| | | | |
|---|---|---|---|
| F55 | Abuse of non-psychoactive substances | Y | Y |
| F59 | Unspecified behavioral syndromes associated with physiological disturbances and physical factors | Y | Y |
| F60 | Specific personality disorders | Y | Y |
| F63 | Impulse disorders | Y | Y |
| F64 | Gender identity disorders | Y | Y |
| F65 | Paraphilias | Y | Y |
| F66 | Other sexual disorders | Y | Y |
| F68 | Other disorders of adult personality and behavior | Y | Y |
| F69 | Unspecified disorder of adult personality and behavior | Y | Y |
| F93 | Emotional disorders with onset specific to childhood | Y | Y |
| F94 | Disorders of social functioning with onset specific to childhood and adolescence | Y | Y |
| F95 | Tic disorder | Y | Y |
| F98 | Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence | Y | Y |
| F99 | Mental disorder, not otherwise specified | Y | Y |
| F43 | Reaction to severe stress, and adjustment disorders | N | Y |
| F90 | Attention-deficit hyperactivity disorders | N | Y |
| F91 | Conduct disorders | N | Y |

Appendix C

| | Department of Health and Human Services Specialty Services and Supports Waiver Alcohol and Drug Abuse Diagnosis Codes | | |
|---|---|---|---|
| **Diagnosis Code** | **Description of Diagnosis** | **Adults** | **Children** |
| F10 | Alcohol related disorders | Y | Y |
| F11 | Opioid related disorders | Y | Y |
| F12 | Cannabis related disorders | Y | Y |
| F13 | Sedative, hypnotic, or anxiolytic related disorders | Y | Y |
| F14 | Cocaine related disorders | Y | Y |
| F15 | Other stimulant related disorders | Y | Y |
| F16 | Hallucinogen related disorders | Y | Y |
| F17 | Nicotine dependence | Y | Y |
| F18 | Inhalant related disorders | Y | Y |
| F19 | Other psychoactive substance related disorders | Y | Y |

| Appendix D - BHTEDS GLOSSARY | |
|---|---|
| | |
| **A and M Records** | **A** record submitted at the first treatment service once the individual is formally accepted into substance use treatment. |
| | **M** record submitted at the first MH non-brief screening (H0002), Non-crisis-only (H2011, S9484, T1023, 90839, 90840), Non-OBRA-Assessment-only (99304-99310), non-Health Home only (S0280), Non-transportation-only (A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, A0427 S0209, S0215, T2001-T2005) service in an episode of care.   MH ~~face-to-face~~ service such as initiation of MH assessment, authorization for on-going services, or treatment or supports encounter. |
| | |
| **Client** | Individual receiving treatment of their mental health, substance use, and/or developmental disability disorder. |
| | |
| **Co-dependent/ collateral/Non-Using SU Individual** | Substance Use Concept – A Codependent/Collateral Individual is a person with no alcohol or drug problem but is formally receiving substance use treatment to address problems arising from their relationship with an alcohol or drug user.  A Non-Using SU Individual is a person with no alcohol or drug problem but is formally receiving mandated substance use assessment (by MDOC, Probation, etc.) |
| | |
| **Co-located Service** | Mental health services provided at a health facility (i.e., primary care physician's office) or Integrated Care Clinic, where the primary EMR is not owned by the MH provider.  Where provided as an option, "Not collected at this co-located service" may be used when mental health services are provided at one of these non-MH primary facilities OR when answering data fields for individuals who had a psychiatric inpatient hospital stay approved by another payer and the CMHSP is the responsible second payer even though no CMHSP staff has seen the patient. |
| | |
| **Competitive, integrated employment (CIE)** | Individual working in a typical workplace setting, where most persons employed are not persons with disabilities, with or without supports, earning wages consistent with wages paid workers without disabilities in the community performing the same or similar work.  The **individual earns at least minimum wage** and is paid directly by the employer. |
| | |
| **Concurrent Admission** | Occurs when two distinct episodes of care are open during the same period of time.  Example 1: A Mental Health (M-E) - Individual with open M record is admitted to State Psychiatric Hospital but is still open at the PIHP.  Example 2: an individual receives MH services through the CMHSP (M) and SA services at a SU facility. |
| | |

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|---|---|
| **Crisis-only Service** | A single mental health service provided to an individual experiencing a mental health crisis. |
| | |
| **D and E Records** | Record type submitted when an individual completely terminates treatment, changes to a new licensed provider (**SA**), or changes to a new CMHSP (**MH**) |
| | If an individual does not formerly discharge (i.e., stops showing for up for services): 1) submit an E record when no MH services have taken place for approximately 90 days; 2) submit a D record when no residential SU services for approximately 3 days; 3) submit a D record when no O/P SU services for approximately 45 days.  These are guidelines.  Use clinical judgment when making final determination. |
| | |
| **Episode/Episode of Care** | The period of service between the beginning of a treatment services and the termination of services prescribed in the treatment plan. |
| | |
| **Homeless** | Individual without a fixed address.  Includes individuals staying at shelters, couch-surfers, etc. |
| | |
| **In the Last 30 Days** | For T1 records (A and M) use 30 calendar days.<br>For T2 records (D, U, E) use the **shorter** of the last 30 calendar days or number of days since admission. |
| | |
| **Integrated Admission** | Occurs when an individual receives MH and SU treatment managed a single entity from an integrated team under an integrated treatment plan. |
| | |
| **Intellectual/Developmental Disability** | Individual meets the current State of Michigan Mental Health Code Definition of Intellectual or Developmental Disability regardless of whether they receive services from the I/DD or MI service arrays. |
| | |
| **Mental Illness** | Has DSM diagnosis, exclusive of intellectual or developmental disability, or substance use. |
| | |
| **Sequential Admission** | Occurs when there is one and only one admission on any given date.  There are no overlapping date ranges. |
| **Q Record** | Record type submitted when an individual without an open MH episode has a crisis event and receives crisis-only services.  If the individual has multiple crisis events, a Q record only needs to be submitted if it has been more than 90 days since the individual's most recent BHTEDS submission. |
| | |

| | |
|---|---|
| **S and U Records** | Update record type submitted, at least annually, to provide a data point (Time 2) in reporting the individual's status or in conducting outcome evaluation. |
| | |
| **Serious Mental Illness** | Individual meets the current Mental Health Code Definition of Serious Mental Illness regardless of whether they receive services from the I/DD or MI service arrays. |
| | |
| **Service End Date** | When the Reason for Service End is 06-Death, the Service Update/End Date is the date of death. In all other instances, the Service Update/End date is the date of the last face-to-face service contact. |
| | |
| **Service Start Date** | **MH** - Date when a decision is made whether a new person is deemed eligible for ongoing services. Decision will occur in conjunction with a service such as an assessment, crisis service, or inpatient screening. |
| | **SA** - Date of first treatment contact once the individual has been formally accepted for SU treatment. |
| | |
| **Time to Treatment** | Number of days between first contact or request for service and the first face-to-face treatment service. If first contact is face-to-face, Time to Treatment = 0. |
| | |
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