



Behavioral Health Treatment Episode Data Set (BH TEDS) for SUD Treatment Services

SUD Admission

Admission

02/02/2015 - Admission Go To Complete
 View Share Status New Effective 02/04/2015 Author Smith, Joel More Detail

Details

Event BH TEDS Admission
 Date 04/19/2016 Time 4:37 PM
 Staff Joel, Smith
 Status In Progress
 Insurer SWMBH SUD
 Provider SWMBH SA

Details tab always defaults to the date/time you create the record. **This has to be changed to the actual date of admission** – the date you saw the client face to face. This should match the admission date on the next screen.

Status is always “in progress”

Insurer: SWMBH SUD

Timeliness

BH TEDS Admission

04/04/2016 - Admission Go To Sign
 View Share Status New Effective 04/19/2016 Author Smith, Joel More Detail

Admission Contact Info Referral and Treatment Demographic Substance Use History Diagnosis Presenting Problem
 Family History Determination

Admission Information

Mental Health Substance Abuse

Admission Date 04/19/2016 Admission Time 4:37 PM
 Service Area Service Type
 Provider External Provider Site

Additional Admission Information

Admission Type First Admission Is this a transfer Admission?
 Service Category (If transfer is selected then timeliness sections do not need to be completed)

Assessment

Date of Request Assessment Date

First Service After Assessment

First Service After Assessment Date: First Service After Assessment Offered: Reason Declined
 First Service scheduled has not yet occurred
 Customer rescheduled/no showed First Service Appointment

Additional Information:

Admission Date/Time: The date and time of the first SWMBH billable, face to face contact, with the client. Should be the same as your event date.

Admission Type: Re-admission if they have previously been seen at your agency.

Service Area: SA

Service Type: Typically going to be “initial”

External Provider Site: If you have multiple sites, be sure to select the site where you’re seeing the client.

Additional Admission Information:

Admission Type: Initial or re-admission

Transfer Admission: if a preceding discharge occurred within 45 calendar days of the date of transfer. A Transfer indicates a change in either provider or LOC.

Service Category: Select the level of service you will be providing at the agency.

Assessment:

Date of Request: The date of the client first called requesting services (usually through Access or local CMHSP).

Assessment Date: Date the assessment was completed (usually the same date as Admission Date). Has to be within 14 days of request date. If not, must document other dates offered and reason declined.

First Service After Assessment

First Service After Assessment Date: The date of the first SWMBH billable, face to face contact, with the client after the assessment (has to be within 14 days).

First Service After Assessment Offered: The date of the first SWMBH billable, face to face contact, offered to the client after the assessment (if within 14 days, it will be the same date as above). If not, select the reason the client declined.

Contact Information

Event Note

Admission Contact Info Referral and Treatment Demographic Substance Use History Diagnosis Presenting Problem
Family History Determination

Contacts

Emergency First Name* Does the Client have a Guardian? Yes No

Emergency Last Name* Guardian First Name

Relation* Guardian Last Name

Emergency Phone Client has no emergency contact telephone Relation

Is the emergency contact the client's guardian? Yes No Phone

Physician First Name

Physician Last Name

Physician Phone Number

Physician Address

Address Line 2

City

State Zip

Contact Info:

Fill out as much information as possible. When in doubt, fill it out.

Referral and Treatment:

Event Note

Admission Contact Info Referral and Treatment Demographic Substance Use History Diagnosis Presenting Problem
Family History Determination

Referral Information

Referred by*

Who directed you to this program? Specify*

Name of the Referral Source (If by an agency, the name of the agency)

Treatment Information

Type of Treatment Service Settings Arrests in Past 30 Days

Prior Treatment Episodes Corrections Related Status

Pregnant on Service Start Date Legal Status at Admission to State Hospital

Attendance at Substance Abuse Self Help Groups in past 30 days

Codependent/Collateral Person Served Codependent/Collateral Individual Client

I/DD Designation Yes No Not Evaluated Medication-assisted Opioid Therapy at this Agency Yes No Not Applicable

MI/SED Designation Yes No Not Evaluated Integrated Substance Use and Mental Health Treatment Yes No

Detailed SMI/SED Status

Referral Information:

What you choose in "Referred by" will change what you can choose in the other fields.

Treatment Information:

Type of Treatment Service Setting:

Detoxification, 24 hour service, free-standing residential
Rehabilitation/residential - short term (30 days or fewer)
Rehabilitation/residential - long term (more than 30 days)
Ambulatory - intensive outpatient
Ambulatory - non-intensive outpatient

Prior Treatment Episodes: "How many times have you tried to address this problem at any treatment provider?"

Legal Status at Admission to State Hospital: NA

I/DD Designation: Intellectually/Developmentally Disabled

MI/SED Designation: Serious Emotional Disturbance (under 18).

Demographic Information:

Client

First Name* Last Name*

Gender* Female Male SSN* Refused to Provide SSN NA - Does not have SSN

Date Of Birth*

Phone Numbers

Home Phone Client doesn't have a telephone

Other Phone Mobile Phone

Demographic Information

Race Marital Status

Hispanic or Latino Ethnicity Veteran Status

Education Employment Status

Currently in Mainstream Special Education Status Detailed 'Not in Competitive Integrated Labor Force'

School Attendance Status Living Arrangements

County of Residence Detailed Residential Care Living Arrangement

Income Information

Total Annual Income Not collected at this co-located service Not collected for this crisis only service

Minimum Wage

Number of Dependents

Demographic Information:

All required fields. Must have a valid address, zip, etc. Homelessness should be captured under Current Living Arrangement.

Education:

Specifies either: a.) the highest school grade completed for those no longer attending school

Employment Status: if Not in competitive labor force, you must also complete Detailed "Not in competitive labor force."

Employment Status for students: <16, NA; >16-18, Not in Labor Force but complete Detailed "Not in competitive labor force."

Living Arrangement: For SUD, there are two choices: Independent and Dependent
 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 SUD individuals in foster care.

Income Information:

Total Annual Income: you have to enter SOMETHING here even if it's zero. Remember, if you select something under employment status, and you enter zero, it will be an error.

Minimum Wage: \$8.15 = minimum hourly wage; \$3.10 = tipped employee hourly wage rate; \$4.250 = training wage for first 90 days of employment of individuals 16-19 years of age; \$7.25 = minors' (16-17 years old) minimum hourly wage

Number of Dependents: Number of dependents claimed on federal tax return. Should not be zero unless the client is a dependent minor.

SU History:

Event Note

Timeliness Client and Contact Information Referral Information Demographic Information Presenting Problem Family History

Treatment History Substance Use History Determination Substance Use Diagnosis

Substance Use History

Which of the following substances has the client used? Specify age of first use, frequency, route, date last used.

| | Age of First Use | Frequency | Route (if multiple, specify most frequent) | Date Last Used | Initially a Prescription | Preference (Primary=1, Secondary=2, etc) |
|---|----------------------|--------------|--|----------------------|--------------------------|--|
| <input type="checkbox"/> Alcohol | <input type="text"/> | -- Select -- | -- Select -- | <input type="text"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Heroin | <input type="text"/> | -- Select -- | -- Select -- | <input type="text"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Methadone (illicit) | <input type="text"/> | -- Select -- | -- Select -- | <input type="text"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Other Opiates or synthetics | <input type="text"/> | -- Select -- | -- Select -- | <input type="text"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Barbiturates | <input type="text"/> | -- Select -- | -- Select -- | <input type="text"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Other sedatives or hypnotics | <input type="text"/> | -- Select -- | -- Select -- | <input type="text"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Other tranquilizers | <input type="text"/> | -- Select -- | -- Select -- | <input type="text"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Benzodiazepines | <input type="text"/> | -- Select -- | -- Select -- | <input type="text"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> GHB, GBL | <input type="text"/> | -- Select -- | -- Select -- | <input type="text"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Cocaine | <input type="text"/> | -- Select -- | -- Select -- | <input type="text"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Crack Cocaine | <input type="text"/> | -- Select -- | -- Select -- | <input type="text"/> | <input type="checkbox"/> | |

SU History:

Box next to drug has to be checked

Age of first use, should be less than, or equal to, their current age.

You can only have one primary, one secondary, one tertiary, etc.

MARIJUANA IS NOT A PRESCRIPTION

Diagnosis:

Admission | Contact Info | Referral and Treatment | Demographic | Substance Use History | **Diagnosis** | Presenting Problem

Family History | Determination

Diagnosis No Diagnosis

Code Description

Rule Out Type Specifier

Severity Source

Remission Order 1 Billable Yes No

Comments

Diagnosis List

| | Order | DSM 5/ ICD 10 | DSM IV/ ICD 9 | SNOMED | R/O | ICD/ DSM Description | SNOMED Description | Type | Severity | Source | Comments |
|---|-------|------------------|------------------|--------|-----|--------------------------|--------------------|---------|----------|--------|----------|
| X | 1 | F11.23 | 304.00 | | | Opioid dependence wit... | | Primary | High | | |

Screening Tools Used

Other General Medical Conditions

Psychosocial, Environmental, and Other Factors

Source

No data to display

Diagnosis:

To search for a dx, enter text in the description field or code number in the code field and hit tab. A look up feature will appear and you can select the dx from the list.

Must complete: Description, type, and severity.

Once those are completed, hit insert and then it will be listed below.

Presenting Problem:

Event | Note

Admission | Contact Info | Referral and Treatment | Demographic | Substance Use History | Diagnosis | **Presenting Problem**

Family History | Determination

Presenting Problem

Presenting Problem/Chief Complaint

Precipitating Event

Correction Information

Correction Status*

Is the client involved with any drug court?* Yes No

Over the past 30 days

of arrests*

arrests due to possession or sale of drugs/alcohol

of DUI/DWI arrests*

Over the past 5 years

of arrests*

arrests due to possession or sale of drugs/alcohol

of DUI/DWI arrests*

Social Work Math:

All fields of arrests "over the past 5 years" must be equal to, or greater than arrests "over the past 30 days."

Family History:

Event Note

Admission Contact Info Referral and Treatment Demographic Substance Use History Diagnosis Presenting Problem

Family History Determination

Other SA Information

Opioid Medication Dispensed at this Agency*

Women's Specialty Program* Yes No

Child Welfare Involvement* Yes No

Family and Social History

Family and Social History

Attendance at Self Help Programs

Other Factors/Impairments/Conditions

*** For all factors marked as 'Yes' indicate the order in which the factor is applicable to the client.

| | Yes | No | Ranking Order |
|---|-----------------------|-----------------------|----------------------|
| Adult Child | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Co-Dependent | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Pregnant at Admission | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Hearing Impaired | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Visually Impaired | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Head Injury | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Developmentally Disabled | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Mobility Impaired | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Indication of Mental Health Issues at Admission | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| Gambling Addictions | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |

Women's Specialty Program: If you provide women's specialty services, or are a DWP, select yes and additional fields will be available to fill out.

Determination:

Event Note

Admission Contact Info Referral and Treatment Demographic Substance Use History Diagnosis Presenting Problem

Family History Determination

Alcohol

Determination not applicable due to historical drug use. Remove from determination list.

Abuse

Recurrent substance abuse resulting in failure To fulfill obligations at work/home/school

Recurrent use in physically dangerous settings

Recurrent substance abuse legal problems

Recurrent use despite personal/social problems

Dependence

Tolerance

Withdrawal or use to avoid withdrawal

Loss of Control

Unsuccessful attempts to quit/reduce

Much time procuring drug

Important activities are forfeited

Continued use despite life problems

Determination: This screen is to help you formulate a dx. Whatever you "checked" in SU Hx, will show up here.

If they last used heroin 20 years ago and is no longer a problem, you can select the "determination not applicable..." box.

Completing the Event:

Once you are done with all the screens, save the event, and then hit complete. If you missed a field, you will get a validation error. This will tell you what field, on what tab, you are missing. Complete the missing fields, and then hit save and complete again.

Example:

Validations ✖

Referral Information - Please select any one from Referred by.

Referral Information - Please select any one from Who directed you to this program?Specify.

In this case, I forgot to complete two fields on the Referral Information tab.

BH TEDS Discharge: Reporting on the past 30 days of treatment

Details

Event: BH TEDS Discharge/Update

Date: 04/21/2016 Time: 9:44 AM

Staff: Joel, Smith

Status: In Progress

Insurer: SWMBH SUD

Provider: Victory Clinic Services

Details tab always defaults to the date/time you create the record. Change this to match the last SWMBH billable service

Status is always "in progress"

Discharge:

Event Note

Admission Contact Info Referral and Treatment Demographic Substance Use History Diagnosis Discharge

Discharge Frequency Discharge Information

Discharge Information

Mental Health Substance Abuse

Update/Discharge Date: 04/21/2016 Update/Discharge Time: 9:00 AM

Service Area: SA Service Type: Initial

Provider: Victory Clinic Services External Provider Site:

Update/Discharge Type: Discharge

Update/Discharge Reason:

Associated Admission

| Admission Date | Referral Source | Type Of Service Settings | Completed By |
|---|-----------------|---------------------------------------|--------------|
| <input checked="" type="radio"/> 03/16/2016 | Individual | Ambulatory - non-intensive outpatient | ahuffman |
| <input type="radio"/> 01/04/2016 | Individual | Ambulatory - non-intensive outpatient | jjohnson2 |

Date of Discharge: Date of last face to face, billable contact.

Service Type: Typically going to be "initial"

External Provider Site: If you have multiple sites, be sure to select the site where you're seeing the client.

Discharge Reason: Select the reason they left services.

Associated Admissions: If the client has had multiple admissions at your site, please select the correct admission.

Contact Info:

Event Note

Admission Contact Info Referral and Treatment Demographic Substance Use History Diagnosis Discharge

Discharge Frequency Discharge Information

Contacts

Emergency First Name*
Emergency Last Name*
Relation*
Emergency Phone

Does the Client have a Guardian? Yes No

Guardian First Name
Guardian Last Name
Relation

Client has no emergency contact telephone
Phone

*Is the emergency contact the client's guardian? Yes No

Physician First Name
Physician Last Name
Physician Phone Number
Physician Address
Address Line 2
City
State Zip

Contact Info:

Should pre-fill from what was entered at admission. Verify information and change as needed. Again, fill out as much information as possible. When in doubt, fill it out.

Referral and Treatment:

| Event | Note | | | | | |
|---------------------|-----------------------|------------------------|-------------|-----------------------|-----------|-----------|
| Admission | Contact Info | Referral and Treatment | Demographic | Substance Use History | Diagnosis | Discharge |
| Discharge Frequency | Discharge Information | | | | | |

Referral Information

Referred by*

Who directed you to this program? Specify*

Name of the Referral Source (If by an agency, the name of the agency)

Treatment Information

Type of Treatment Service Settings **Arrests in Past 30 Days**

Corrections Related Status

Legal Status at Admission to State Hospital

Attendance at Substance Abuse Self Help Groups in past 30 days

Codependent/Collateral Person Served Codependent/Collateral Individual Client

I/DD Designation Yes No Not Evaluated

MI/SED Designation Yes No Not Evaluated

Detailed SMI/SED Status

Referral and Treatment:

Same as admission but remember, make sure you change/account for any changes in the past 30 days of treatment: corrections, arrests, self-help attendance, etc.

Demographic:

| Event | Note | | | | | |
|---------------------|-----------------------|------------------------|-------------|-----------------------|-----------|-----------|
| Admission | Contact Info | Referral and Treatment | Demographic | Substance Use History | Diagnosis | Discharge |
| Discharge Frequency | Discharge Information | | | | | |

Client

First Name* Last Name*

Gender* Female Male SSN* Refused to Provide SSN NA - Does not have SSN

Date Of Birth*

Phone Numbers

Home Phone Client doesn't have a telephone

Other Phone Mobile Phone

Demographic Information

Race **Marital Status**

Hispanic or Latino Ethnicity **Veteran Status**

Education **Employment Status**

Currently in Mainstream Special Education Status **Detailed 'Not in Competitive Integrated Labor Force'**

School Attendance Status **Living Arrangements**

County of Residence **Detailed Residential Care Living Arrangement**

Income Information

Total Annual Income Not collected at this co-located service Not collected for this crisis only service

Minimum Wage

Number of Dependents

Demographic:

Same as admission but remember, make sure you change/account for any changes in the past 30 days of treatment. Highlighted fields are values that could have changed and need to be reviewed for accuracy.

SU History:

Event Note

Admission Contact Info Referral and Treatment Demographic Substance Use History Diagnosis Discharge

Discharge Frequency Discharge Information

Substance Use History

Which of the following substances has the client used? Specify age of first use, frequency, route, date last used.

| | Age of First Use | Frequency | Route (if multiple, specify most frequent) | Date Last Used | Initially a Prescription | Preference (Primary=1, Secondary=2, etc) |
|---|------------------|--------------------------|--|----------------|--------------------------|--|
| <input checked="" type="checkbox"/> Alcohol | 17 | No use in the past month | Oral | 04/20/2016 | <input type="checkbox"/> | 1 |
| <input type="checkbox"/> Cocaine/crack | -- Select -- | -- Select -- | -- Select -- | | <input type="checkbox"/> | |
| <input type="checkbox"/> Marijuana/hashish | -- Select -- | -- Select -- | -- Select -- | | <input type="checkbox"/> | |
| <input type="checkbox"/> Heroin | -- Select -- | -- Select -- | -- Select -- | | <input type="checkbox"/> | |
| <input type="checkbox"/> Non-prescription methadone | -- Select -- | -- Select -- | -- Select -- | | <input type="checkbox"/> | |
| <input type="checkbox"/> Other opiates/synthetics | -- Select -- | -- Select -- | -- Select -- | | <input type="checkbox"/> | |
| <input type="checkbox"/> PCP - phencyclidine | -- Select -- | -- Select -- | -- Select -- | | <input type="checkbox"/> | |
| <input type="checkbox"/> Hallucinogens | -- Select -- | -- Select -- | -- Select -- | | <input type="checkbox"/> | |

Same as admission but **Frequency is for last 30 days** before discharge.

Discharge Information:

Event Note

Admission Contact Info Referral and Treatment Demographic Substance Use History Diagnosis Discharge

Discharge Frequency Discharge Information

Correction Information

Correction Status *

Over the past 30 days or Since Admission

of arrests *

of arrests due to possession or sale *

of DUI/DWI arrests *

Other SA Information

Women's Speciality Program * Yes No

Child Welfare Involvement * Yes No

Attendance at Self Help Programs *

Women's Specialty

Client is currently using contraceptives? Yes No NA

Client Currently:

Is/Was Pregnant

Pregnancy Status at time of Discharge:

Number of Child(ren) born:

Client Participated in Prenatal Care From Admission

Same as admission. If you are a WSS Designated program, fill out the Women's Speciality section.

Completing the Event:

Once you are done with all the screens, save the event, and then hit complete. If you missed a field, you will get a validation error. This will tell you what field, on what tab, you are missing. Complete the missing fields, and then hit save and complete again.