

**Coding Instructions for Michigan
Behavioral Health Treatment Episode Data Set (BH-TEDS)
FY 2017**

Prepared for: Michigan PIHP Regional Entities

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LIST OF ACCRONYMS USED

AA	Alcoholics Anonymous
AFC	Adult Foster Care
ATP	Ability to Pay
BH-TEDS	Behavioral Health Treatment Episode Data System
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
LOCUS	Level of Care Utilization System
MH	Mental Health
MI	Mental Illness
MDHHS	Michigan Department of Health & Human Services
NA	Narcotics Anonymous
NAS	Neonatal Abstinence Syndrome
SED	Serious Emotional Disturbance
SDA	State Disability Assistance
SIS	Supports Intensity Scale
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SU	Substance Use
SUD	Substance Use Disorder

Client Transaction Type - A001; DU001 - Federal Field

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

Value	Description	Detail
A	Initial SUD Start Record	Submitted at the first face-to-face event once an individual is formally accepted into substance use treatment at a licensed SUD provider. A separate A record is submitted for each LARA-Licensed provider at which the individual receives services.
D	SUD Service End Record	Submitted when an individual completely terminates SUD treatment or changes to a new licensed SUD 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 SUD services for approximately 3 days; 2) submit a D record when no O/P SUD services for approximately 45 days. These are guidelines. Use clinical judgment when making final determination.
M	Initial MH Start Record	Submitted at the first face-to-face billable, non-brief-screening (H0002) service such as initiation of MH assessment, authorization for on-going services, or treatment or supports encounter. Treatment initiates at the first face-to-face billable, non-brief-screening (H0002) event in an episode of care. A separate M record is submitted for each CMHSP paying for MH services.
E	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	Record type 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.

Guidelines:

- Only MH records can be updated (U). SUD has only the options of A and D.
- Each Service Start Record should (eventually) have an associated Service End Record.
- 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 time 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. 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.
- Integrated Treatment occurs when an individual receives MH and SUD treatment managed by a single entity under an integrated treatment plan. If SUD pays for any of the service, A & D are used. If MH pays for the service, M, U, & E are used.

- When substance use goals are added to the IPOS making it an integrated treatment plan, the episode without integrated treatment must be ended (E) and a new service start record (M) submitted effective the day of the new, integrated plan. Similarly, when mental health goals are added to the IPOS making it an integrated treatment plan, the episode without the integrated treatment must be ended (D) and a new service start record (A) submitted effective the day of the new, integrated treatment plan. The discharge reason in both of these instances would be '04 – Transferring to another treatment program or facility/completed level of care'.
- In August of each year, MDHHS reconciles living arrangement of individuals covered by the HAB-Waiver reported in WSA and BH-TEDS. If the BH-TEDS 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, E, and D) must reflect the individual on the Service Update/End date. That is, all data on the U, E, D record is collected at time of update or service end.
- When MH & SUD treatment is concurrent at separate facilities, A & D records identify the SUD treatment episode while M, U, & E records identify the MH episode. The A record start date is the first face-to-face service at the licensed SUD provider while the M record start date is the first billable, non-brief-screening (H002) face-to-face MH service.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.
- A D record must find an A record with matching Payer ID, State Provider Identifier, Unique PIHP Person Identifier, Social Security Number, Service Start Date, and Service Start Time of Day to be accepted. Similarly, an E or U record must find an M record with matching Payer ID, State Provider Identifier, Unique PIHP Person Identifier, Social Security Number, Service Start Date, and Service Start Time of Day to be accepted.
- An A will not be accepted for an individual who already has an open SA admission at the same Provider ID (LARA license number).
- An M will not be accepted for an individual who already has an open MH admission at the same CMH (Provider ID).
- An A or M will not be accepted 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.

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.

Value	Description	Detail
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:
 - D – Deletes record(s) with matching key fields
 - C – Changes record(s) with matching key fields by replacing the record
 - A – Adds a record to the database, unless the key fields match a record already in the database.
 - E – Erase error records from the master without touching any records in the database
- When changing non-key fields, a C record is submitted. Change the fields needing change and submit the record with those changes along with all of the other fields with their previously reported value so that the record can pass all of the edits.
- When changing key fields, you must submit a D record to delete the record that has already been accepted into the database AND an A record to add the corrected record to the database.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.
- If the key fields of an A record (Payer ID, State Provider ID, Unique PIHP ID, Social Security Number, Service Start Date, Service Start Time of Day) 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 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, 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.

Payer ID – A003; DU003 - Federal Field

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

Value	Description
2813627	CMH Partnership of Southeast Michigan
2813629	Detroit Wayne Mental Health Authority
2813626	Lakeshore Regional Entity
1183006	Macomb County Community Mental Health Services
2813625	Mid-State Health Network
2813621	NorthCare Network
2813628	Northern Michigan Regional Entity
1183015	Oakland County Mental Health Authority
2813624	Region 10
1182841	Salvation Army-Harbor Light
2813623	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 not be accepted.
- 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 – State 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 license number of the provider at which the individual is receiving services, preceded by a zero.

Mental Health CMHSPs			
Value	Description	Value	Description
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 Disorders		
Value	Description	Detail
Onnnnnn	'0' followed by the 6-digit LARA license of the program providing services	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 <i>Note: You can enter any/all/none of City, County, Specialty fields</i>

Guidelines:

- For mental health records, (M, E, or U) 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 or D) enter a 0 followed by the 6-digit LARA license number. Example: If Sample SUD Counseling's LARA license number is 101234, 0101234 would be reported in this field.

Validation Edits:

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

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, C, U, D, E, and encounters.
- Is reliably associated with the individual served across all of the PIHP's services, regardless of MH or SUD funding.
- 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 not be accepted.

Social Security Number – A006; DU006 – State Field – KEY 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 his/her 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 his/her 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.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.

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 his/her ID, but it is known from an MPHI look-up or prior admission, enter the validated ID rather than leaving it blank.
- If there is no known Medicaid ID, leave the field blank.

MICChild ID – A008; DU008 – State Field

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

Guidelines:

- Report the ID regardless of current MICChild eligibility. Entry of a MICChild ID does NOT imply that the individual is currently enrolled or eligible for MICChild.
- Entry of a MICChild ID does NOT indicate that MICChild funds are involved in payment for services.
- Validate the self-reported MICChild ID via MPHI or similar eligibility verification system.
- If the individual refuses to provide his/her 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 MICChild ID, leave the field blank.

Medicare ID – A009; DU009 – State Field

Description: 10 or 11 character Health Insurance Claim Number (HICN) assigned by Social Security to individuals eligible for Medicare Part A, B, C, and/or D programs.

Guidelines:

- The HICN is typically made up of a concatenation of a social security number (SSN) and suffix.
- The SSN that is part of the individual's Medicare ID (HICN) may be that of the individual served or another individual (i.e. spouse, parent) under whom the entitlement is based.
- The suffix that is part of the individual's Medicare ID (HICN) is one or two characters and identifies the qualifier under which s/he is entitled to the benefit. For example: A=Retired worker over 65 or disabled worker; B relates to spouses or former spouses (i.e. B=Wife of retired worker over 65 or disabled worker, B1=Husband of retired worker over 65 or disabled worker, B2=Wife whose entitlement is dependent on the care of a child, B3=2nd wife, etc.); C suffixes are for children; D relates to deceased spouses, E is used for widowed mothers, F is used for aged parents who are dependents; H identifies disability claimants; etc. Please contact Social Security for a complete list, if needed.
- Validate the self-reported Medicare ID via C-SNAP, MPHI or similar eligibility verification system.
- In the case of Railroad Retirement Medicare, when individuals have more than 11 characters in their Medicare ID, drop the leftmost alphabetic prefix and left-pad with zeroes. For example: WCD123456789 should be reported as 00123456789.
- In the case of commercial Medicare (i.e. BCBS) where the subscriber number greater than 11 characters, first look up the client in C-SNAP or other Medicare verification system and use the Medicare ID. If the 10-11 character Medicare ID cannot be found, drop the leftmost alphabetic prefix and left-pad with zeroes. For example: BCN1234567A2 should be reported as 001234567A2.
- If the individual refuses to provide his/her ID, but it is known from eligibility verification 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.

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 his/her room & board at a substance use facility being paid by SDA funds.

Value	Description
1	Yes
2	No

Guidelines:

- 'Yes' indicates the individual is, or at least reported that s/he is, enrolled in at least one of the programs (SDA, SSI, or SSDI) OR if one of these programs is paying for any of the individual's treatment or room & board services.
- 'No' indicates the individual is not enrolled OR it is not known if the individual is enrolled at least one of the programs (SDA, SSI, or SSDI) AND none of these programs are paying for any of the individual's treatment or room & board services.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.

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 or not 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 events (H0002).
- For substance use records, this is the date of the first face-to-face treatment contact.
- Use valid calendar dates.
- The Service Start Date may be the same as the Service End Date, but cannot be later.
- The Update and/or Service End records (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.
- *Special Circumstance – MH records* – For this first year of BH-TEDS (FY16), individuals opened prior to 10/01/2015 and continuing service on/after 10/01/2015 will have a Service Start Date equal to the date the data on his/her first BH-TEDS record reflects. Usually, this will be the first post-09/30/15 annual assessment/IPOS review or first State Psychiatric Hospital Admission.
- *Special Circumstances – SU Records at Providers where the individual is receiving Medication Opioid Therapy* – The Service Start date should reflect the individual’s original service start date, even if it is prior to 10/01/15.

Validation Edits:

- If this field is blank, the record will not be accepted.
- If the field is not a valid calendar date (i.e. 02302015), the record will not be accepted.
- If the date reported is greater than the system date, the record will not be accepted.
- If the record is a U, D, or E and a corresponding A or M is not found, the record will not be accepted.

Service Start Time of Day – A012; DU012 – State Field – KEY 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 date/month/year. 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.
- The Update and/or Service End records (U, D, E) looks for a Service Start record (A or M) with the same Service Start Time of Day to connect the T1-T2 episode for outcomes measuring; therefore, the Service Start Time of Day on the Update/End Service record must match the Service Start Time of Day on its corresponding Service Start record.

Validation Edits:

- If this field is blank the record will not be accepted.
- If the field is not a valid military time (i.e. 2415), the record will not be accepted.
- If the record is a U, D, or E and a corresponding A or M is not found, the record will not be accepted.

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

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 (H002) face-to-face treatment **without** any adjustments due to client availability, reschedules etc. The Performance Indicators, outside of BH-TEDS, will continue to collect the adjusted time to treatment as outlined in the Michigan Mission-Based Performance Indicator System Version 6.0.
- Date of 1st face-to-face service (SU=treatment service; MH=Assessment or treatment service) minus Date of 1st contact/request for service equals Time to treatment; or, (Date of 1st billable, non-brief-screening (H002) face-to-face service) – (Date of 1st 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.
- When submitting initial records for MH individuals in service prior to 10/01/2015, zero (0) Time to Treatment should be reported as this field is not interpretable/applicable to an individual already in treatment. Essentially, there is no wait involved in updating an open treatment.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.

Referral Source – A014 – Federal Field

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

Value	Description	Detail
01	Individual	Client (self-referral), family member, friend, or any individual who would not be included in categories 02-07. Includes self-referral due to pending DWI/DUI.
02	Alcohol/Drug Abuse Care Provider	Any program, clinic, or other health care provider whose principal objective is treating individuals with SUD or any program whose activities are related to SUD 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 (Educational)	A school principal, counselor or teacher; a student assistance program; the school system; or, educational agency.
05	Employer/Employee Assistance Program (EAP)	An employee's supervisor or an employee counselor.
06	Other Community Referral	Community or religious organization or any federal, state, or local agency that provides aid in the areas of poverty relief, unemployment, shelter, or social welfare. This category also includes defense attorneys and self-help groups such as 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; clients referred <u>by a court</u> for DUI/DWI; clients referred in lieu of prosecution; clients referred for deferred prosecution; clients referred during pretrial release; or, civil commitment. <i>When '07' is selected, "Detailed Criminal Justice Referral" must have a value of 01-08.</i>

Guidelines:

- Enter the 2 character value that best answers the question "Who referred you to this program?"

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.
- If 07 is selected, Detailed Criminal Justice Referral (A015) must have a value between 01 and 08.

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.

Value	Description	Detail
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 his/her 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 criminal justice referral not included in responses 01-07.
96	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 01-08 must be selected for an individual who was referred by the criminal justice system. (Response 07 to A014, Referral Source)
- Response 96 must be selected for an individual who was referred by anyone BUT the criminal justice system. (Response 01-06 to A014, Referral Source)
- If more than one applies, select the response the individual most strongly identifies as the driving force to treatment.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.
- If Criminal Justice System (07) IS selected for Referral Source (A014), 01, 02, 03, 04, 05, 06, 07 or 08 must be selected for A015.
- 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	Value	Description	Detail
A, D	02	Detoxification, 24-hour service, free-standing residential	SUD services in non-hospital 24-hour settings that provide for safe withdrawal and transition to ongoing SUD treatment.
A, D	04	Rehabilitation/residential – short term	SUD services in non-acute 24-hour settings that typically provide 30 or less days of SUD treatment.
A, D	05	Rehabilitation/residential – long term	SUD services in non-acute residential settings that typically provide more than 30 days of SUD treatment. May include transitional living arrangements such as half-way houses.
A, D	06	Ambulatory – IOP	SUD services in a non-acute care setting where the treatment lasts at least 2 hours per day, 3 or more days per week.
A, D	07	Ambulatory – non-intensive O/P	SUD services in outpatient settings which include individual, family, group, case management, and/or pharmacological therapies.
A, D	08	Ambulatory – Detoxification	SUD services in outpatient settings that provide for safe withdrawal from alcohol and other drugs. Includes pharmacological and non-pharmacological services.
M, U, E	72	State Psychiatric Hospital	MH services in state-operated, at least partially SAMHSA-funded hospitals that provide inpatient care to individuals with mental illnesses.
M, U, E	73	State Mental Health Agency funded/operated community-based program	MH services in mental health centers, specialized residential, SIPs, outpatient clinics, partial hospitalization programs, consumer-run programs, and all community support programs.
M, U, E	74	Residential Treatment Center	A non-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	75	Other Psychiatric Inpatient	MH services in private or medical settings licensed and/or contracted through the State Mental Health Authority (MDHHS).
M, U, E	76	Institutions Under the Justice System	Mental health services provided in jails, prisons, juvenile detention centers, etc.
M, U, E	96	MH Assessment only	MH individuals receiving assessment or evaluation services only.

Guidelines:

- Values 02 through 08 are used to describe the setting in which the SUD individual is receiving services.
- Values 72 through 76 are used to describe the setting in which MH individual is receiving services.
- Value 96 is used for MH individual who is receiving assessment-only services.
- If an individual is being treated concurrently for co-occurring SUD and MH services at **two different settings**, A & D records are submitted for the SUD 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 **at a single facility managed by a single entity** under an integrated treatment plan:

- A & D records with Service Settings 02-08 are submitted if SUD is paying for and coordinating the treatment
- M, U, & E records with Service Settings 72-76 are submitted if MH is paying for and coordinating the treatment.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.
- If an A or D record reports Place of Service > 08, the record will not be accepted.
- If an M, U, or E record reports Place of Service < 72, the record will not be accepted.

Co-dependent/Collateral Person Served – A017; DU014– Federal Field

Description: Substance Use Concept - Identifies whether treatment is for a primary SUD 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 SUD.

Value	Description	Detail
1	Codependent/Collateral Individual	Individual, with his/her own client record, being treated at a LARA licensed facility because of his/her relationship with someone who has an SUD.
2	Client	All MH records. For A records, the individual is being treated because of his/her own SUD problems.

Guidelines:

- If an individual with an existing Client record becomes a Codependent, 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 not be accepted.
- All M, U, and E records must identified as 2-Client.

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

Description: Identifies whether the individual has been evaluated and meets Michigan’s Mental Health Code Definition of Developmental Disability, regardless of whether or not s/he receives services from the I/DD or MI service arrays.

Value	Description
1	Yes
2	No
3	Not evaluated

Guidelines:

- ‘Yes’ indicates the individual has been evaluated and there is documentation of a severe, chronic condition meeting the Michigan Mental Health Code Definition of Developmental Disability.
- ‘No’ indicates the individual has been evaluated for I/DD and the documentation does not support a severe, chronic condition meeting the Michigan Mental Health Code Definition of Developmental Disability.
- ‘Not Evaluated’ indicates the individual has not been evaluated to determine if s/he meets Michigan Mental Health Code Definition of Developmental Disability.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.

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 abuse disorder OR if the individual has a Serious Emotional Disturbance.

Value	Description
1	Yes
2	No
3	Not evaluated

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. 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 his/her 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 s/he has 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.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted

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

Description: Indicates if a Mental Health (M, U, or E) individual or an SUD (A or D) individual receiving integrated treatment has serious mental illness (SMI) or serious emotional disturbance (SED).

Value	Description	Detail
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 18, 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 or N/A	Individual was not evaluated for SMI or SED and does not have an otherwise documented diagnosis of either OR SUD record (A) without integrated treatment.

Guidelines:

- MH (M, U, and E) records and Integrated Treatment SUD records (A and D) where the individuals has mild to moderate MH diagnosis would be captured as response 4, Neither SMI nor SED.

Validation Edits:

- If the individual is younger than 18 and 1-SMI is reported, the record will not be accepted.
- If individual is older than 21 and 2 – SED is reported, the record will not be accepted.
- If this field is blank or contains an invalid value, the record will not be accepted.

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?”

Value	Description
0	0 previous episodes
1	1 previous episode
2	2 previous episodes
3	3 previous episodes
4	4 previous episodes
5	5 or more previous episodes
7	Unknown

Guidelines:

- Only include treatment admissions and not assessment only services.
- 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 not be accepted.

Date of Birth – A022 – Federal Field

Description: The individual’s date of birth.

Value	Description
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 not be accepted.
- If the field is not a valid calendar date (i.e. 02302015), the record will not be accepted.
- **The Date of Birth must be prior to the Service Start Date.**
- For SUD and Integrated MH records the date of birth will be subtracted from the Service Start Date to ascertain the individual’s current age. The Age of First Use (Primary, Secondary, and Tertiary) must be less than or equal to the individual’s current age.

Gender – A023– State Field

Description: Identifies the individual's gender.

Value	Description
1	Male
2	Female

Guidelines:

- Indicate the gender the person considers him/herself.
- Pregnant individuals must be identified as female, regardless of what gender the individual considers herself.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.
- If Pregnant on Service Start Date (A024) is Yes, gender 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.

Value	Description
1	Yes, female individual was pregnant on the date service started.
2	No, female individual was not pregnant on the date service started
6	N/A – Male adult or prepubescent child
7	Not collected at this co-located service.
8	Not collected for this crisis-only service

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 Gender (A023).
- If an individual becomes pregnant during treatment, it is not reported anywhere in BH-TEDS.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.
- If 1-Male is selected for Gender (A023) and anything but 6 is selected, the record will not be accepted.

County of Residence – A025 – State Field

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

00	Out of State <i>(other than those listed in codes 85-89)</i>	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 <i>(excluding the City of Detroit)</i>
11	Berrien	35	Iosco	59	Montcalm		
12	Branch	36	Iron	60	Montmorency	83	Wexford
13	Calhoun	37	Isabella	61	Muskegon	84	Wayne - City Of Detroit
14	Cass	38	Jackson	62	Newaygo	85	Wisconsin
15	Charlevoix	39	Kalamazoo	63	Oakland	86	Indiana
16	Cheboygan	40	Kalkaska	64	Oceana	87	Ohio
17	Chippewa	41	Kent	65	Ogemaw	88	Illinois
18	Clare	42	Keweenaw	66	Ontonagon	89	Canada
19	Clinton	43	Lake	67	Osceola		
20	Crawford	44	Lapeer	68	Oscoda		

Guidelines:

- Enter the 2-digit code that corresponds to the individual’s residence
- With the exception of the following, all codes correspond to a Michigan county: 84=City of Detroit, 85=Wisconsin, 86=Indiana, 87=Ohio, 88=Illinois, 89=County, 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 s/he is located (i.e. county the shelter is located in). 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 not be accepted.

Race – A026 – Federal Field

Description: Identifies the individual's race.

Value	Description	Detail
01	Alaskan Native (Aleut, Eskimo)	Individual having origins in any of the original peoples of Alaska
02	American Indian (Non-Alaskan native)	Individual 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 to provide race s/he associates 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 not be accepted.

Hispanic or Latino Ethnicity – A027 – Federal Field

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

Value	Description	Detail
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	Not of Hispanic or Latino Origin	
06	Hispanic or Latino – Specific Origin not Specified	Of Hispanic or Latino origin, but the origin is not known or specified
97	Unknown	Individual refused to provide or it is unknown if s/he is of Hispanic or Latino origin.

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 not be accepted.

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))

Value	Description	Detail
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
7	Not collected for this co-located service	
8	Not collected for this crisis-only service	

Guidelines:

- 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.
- No includes 'not yes', so choose 2 for individuals who are not school-age.
- If it is not known that the individual is receiving special education services within a mainstream classroom and it is not a co-located or crisis-only service, choose 2.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.
- If the individual is older than 26, '2-No' must be reported.

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.

Value	Description
00	No Schooling or Less Than One School Grade
72	Nursery school, Pre-school, or Head Start
73	Kindergarten
74	Self-contained Special Education Class – No Grade Level Equivalent
01	Grade 1
02	Grade 2
03	Grade 3
04	Grade 4
05	Grade 5
06	Grade 6
07	Grade 7
08	Grade 8
09	Grade 9
10	Grade 10
11	Grade 11
12	Grade 12 or GED
13	1 Year of College/University
14	2 Years of College/University or Associate Degree
15	3 Years of College/University
16	4 Years of College/University or Bachelor's Degree
70	Graduate or professional school
71	Vocational School
97	Not Collected at this Co-located Service
98	Not Collected for this Crisis-Only Service

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 child care. 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.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.

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.

Value	Description	Detail
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	Not applicable	Individual is not aged 3-17 or aged 0-26 and protected by IDEA.
7	Not collected at this co-located service	
8	Not collected for this crisis-only service	

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.

Validation Edits:

- **If the individual is between 3 and 21 and 6 is reported, the record will not process.**
- **If the individual is older than 26 and 6 is not reported, the record will not be accepted.**
- If this field is blank or contains an invalid value, the record will not be accepted.

Marital Status - A031 – Federal Field

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

Value	Description	Detail
01	Never Married	Includes individuals who are single or whose only marriage was annulled.
02	Now married or cohabiting	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	Not collected at this co-located service	
98	Not collected for this crisis-only service	

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.

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).

Value	Description
1	Veteran
2	Not a Veteran
7	Not collected at this co-located service
8	Not collected for this crisis-only service

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, 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).s a co-located or crisis-only service.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.

Employment Status – A033; DU024 – Federal Field

Description: Describes the individual’s current employment status.

Value	Description	Detail
01	Full-time Competitive, Integrated Employment	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. and is paid directly by the employer.
02	Part-time Competitive, Integrated Employment	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. and is paid directly by the employer.
03	Unemployed	Individual who has 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).
98	Not Applicable	Individual is under 16 years of age

Guidelines:

- 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.**
- Minimum wage in the State of Michigan minimum is defined by Public Act 138 of 2014, the Workforce Opportunity Wage Act. Currently, it is:
 - **\$8.50 = minimum hourly wage**
 - **\$3.23 = tipped employee hourly wage rate**
 - \$4.25 = 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
- 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 over looking for work. Examples:
 - A homemaker who works part-time in the competitive, integrated labor force is coded 02.
 - A full-time waiter looking for a new job as a receptionist is coded 01.
 - A student actively searching for work (includes sending out resumes, interviewing, etc.) is coded 03-unemployed.
- Reporting of an individual in an internship program:

- 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.
- 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.
- 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 under the age of 16 are always reported as a 98-Not Applicable.
- 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.
 - 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.
 - 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 not be accepted.
- 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 individual is under 16 years of age, 98 must 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).

Value	Description
01	Homemaker
02	Student
03	Retired
04	Individual's current disability symptoms prevents him/her from competitively or non-competitively working or seeking work.
05	Receiving services from institutional facility such as hospital, jail, prison, long-term residential care, etc.
07	Participates in sheltered workshop
60	Discouraged worker
61	Unpaid volunteering, community service, etc.
62	Micro-Enterprise
63	Participates in enclave, mobile crew, or agency-funded transitional employment
64	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.
96	Not applicable as Employment Status is coded 01, 02, or 03.
98	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.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.
- 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 or 64 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 the individual is less than 16 years of age, 98 must be reported for 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: Full-time competitive, integrated employment; Part-time competitive, integrated employment; Unemployed but looking for competitive, integrated employment; student; unpaid volunteering or community service; Micro-enterprise; enclave/transitional employment; sheltered non-competitive employment.

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, or 64.
995	Not required for this FY16 record submitted in the FY17 format.
996	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.
997	Not collected at this co-located service.
998	Not collected for this crisis-only service.

Guidelines:

- Enter the 3 digit value equal to the number of hours the individual reported working in the most recent two (2) weeks in the following Employment Statuses:
 - 01 - Full-time competitive, integrated employment
 - 02 - Part-time competitive, integrated employment
 - 03 - Unemployed but looking for competitive, integrated employment
 - 04 – Not in Competitive, Integrated Labor Force AND Detailed Not In Competitive, Integrated Labor Force of:
 - 02 – Student
 - 07 – Participates in sheltered workshop
 - 61 – Unpaid volunteering, community service, etc.
 - 62 – Micro-enterprise
 - 63 – In enclave/mobile crews/transitional employment
 - 64 – Participates in sheltered non-competitive employment
- Enter 995 for FY16 records being submitted in the FY17 Format.
- 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 – Individual’s current disability symptoms prevent him/her from competitively or non-competitively working.
 - 05 – Receiving services from an institutional facility.
 - 60 – Discouraged Worker
 - 98 – Individual is under 16 years of age.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.

- If in Competitive, Integrated Labor Force (01 or 02), Unemployed (03) is selected for Employment Status (A033; DU024), a number < 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 02, 07, 61, 62, 63 or 64, then a number < 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, or 60, 996 must be entered.
- If the individual is less than 16 years of age, 996 must be entered.
- If Client Transaction Type is A or M and the Service Start Date > 09/30/2016 and 995 is reported, the record will not be accepted.
- If Client Transaction Type is D, U, or M and the Service Update/End Date > 09/30/2016 and 995 is reported, the record will not be accepted.

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: Full-time competitive, integrated employment; Part-time competitive, integrated employment; Unemployed but looking for competitive, integrated employment; student; unpaid volunteering or community service; Micro-enterprise; enclave/transitional employment; sheltered non-competitive employment.

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, or 64.
95.95	N/A – Not required for this FY16 Record submitted in the FY17 Format.
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	Not collected at this co-located service.
98.98	Not collected for this crisis-only service.

Guidelines:

- Enter, in dollars and cents (dd.cc), the hourly rate the individual reported she/he earned in the most recent two (2) weeks in the following Employment Statuses:
 - 01 - Full-time competitive, integrated employment
 - 02 - Part-time competitive, integrated employment
 - 03 - Unemployed but looking for competitive, integrated employment
 - 04 – Not in Competitive, Integrated Labor Force AND Detailed Not In Competitive, Integrated Labor Force of:
 - 02 – Student
 - 07 – Participates in sheltered workshop
 - 61 – Unpaid volunteering, community service, etc.
 - 62 – Micro-enterprise
 - 63 – In enclave/mobile crews/transitional employment
 - 64 – Participates in sheltered non-competitive employment
- Enter 95.95 for FY16 records being submitted in the FY17 Format.
- Enter 96.96 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 – Individual’s current disability symptoms prevent him/her from competitively or non-competitively working.
 - 05 – Receiving services from an institutional facility.
 - 60 – Discouraged Worker
 - 98 – Individual is under 16 years of age.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.
- If in Competitive, Integrated Labor Force (01 or 02), Unemployed (03) is selected for Employment Status (A033; DU024), a number < 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, then a number < 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 01, 03, 04, 05, or 60, 96.96 must be entered.
- If the individual is less than 16 years of age, 96.96 must be entered.
- If Client Transaction Type is A or M and the Service Start Date > 09/30/2016 and 95.95 is reported, the record will not be accepted.
- If Client Transaction Type is D, U, or M and the Service Update/End Date > 09/30/2016 and 95.95 is reported, the record will not be accepted.

Minimum Wage – A035; DU026 – State Field

Description: Specifies whether an individual is earning minimum wage.

Value	Description
01	Individual is currently earning minimum wage or more,
02	Individual is currently earning less than minimum wage.
03	Individual is not working.
97	Not collected at this co-located service.
98	Not collected for this crisis-only service

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:
 - \$8.50 = minimum hourly wage
 - \$3.23 = 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

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.

Total Annual Income – A036; DU027 – State Field

Description: Specifies the individual’s current Annualized Income utilized in calculating his/her Ability to Pay (ATP).

Value	Description
nnnnnn	6-digit annualized income utilized in calculating ATP.
999997	Not collected at this co-located service.
999998	Not collected for this crisis-only service.

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 his/her 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 his/her 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 not be accepted.
- 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	Not collected at this co-located service.
98	Not collected for this crisis-only service.

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 his/her 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.
- Number of Dependents should never be zero (00).

Validation Edits:

- If this field is 00, the record will not be accepted.
- If this field is blank or contains an invalid value, the record will not be accepted.

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)

Value	Description	Detail
01	None	
02	Alcohol	
03	Cocaine/Crack	
04	Marijuana/Hashish	Includes THC and any other cannabis sativa preparations
05	Heroin	
06	Non-prescription Methadone	Illicit use of prescription methadone
07	Synthetic Opiates & Other Opiates	Includes buprenorphine, butorphanol, codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and other narcotic analgesics, opiates, or synthetics
08	PCP	Phencyclidine
09	Hallucinogens	Includes LSD, DMT, mescaline, peyote, psilocybin, STD, and other hallucinogens
10	Methamphetamine/Speed	
11	Other Amphetamines	Includes amphetamines, MDMA, ‘bath salts’, phenmetrazine, and other amines and related drugs
12	Other Stimulants	Includes methylphenidate and any other stimulants
13	Benzodiazepines	Includes alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flunitrazepam, flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other benzodiazepines
14	Other Tranquilizers	Includes meprobamate, and other non-benzodiazepine tranquilizers
15	Barbiturates	Includes amobarbital, pentobarbital, phenobarbital, secobarbital, etc.
16	Other Sedatives or Hypnotics	Includes chloral hydrate, ethchlorvynol, glutethimide, methaqualone, and other non-barbiturate sedatives and hypnotics.
17	Inhalants	Includes aerosols; chloroform, ether, nitrous oxide and other anesthetics; gasoline; glue; nitrites; paint thinner and other solvents; and other inappropriately inhaled products.
18	Over-the-Counter Medications	Includes aspirin, dextromethorphan and other cough syrups, diphenhydramine and other anti-histamines, ephedrine, sleep aids, and any other legally obtained, non-prescription medication.
20	Other Drugs	Includes diphenylhydantoin/phenytoin, GHB/GBL, ketamine, “spice”, carisoprodol, and other drugs

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

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.
- 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 OR 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 the Substance Use Problem (Primary, Secondary, or Tertiary) is not 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 not be 96-Not Applicable.
- 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.

Value	Description	Detail
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

Guidelines:

- Enter the 2 character value that corresponds to the most frequent 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 for Substance Use Problem (Primary (A038), Secondary (A042), and/or Tertiary (A046), this Route of Administration must be 01-20.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.
- If Substance Use Problem (Primary, Secondary, or Tertiary) is 01-None, Route of Administration (A039, A043, & A047) must be 96-Not Applicable.
- If Substance Use Problem (Primary, Secondary, or Tertiary) is not 01-None, Route of Administration (A039, A043, & A047) must NOT be 96-Not Applicable.

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/End records (D, U, & E), utilize the past 30 days or since Service Start/Most recent Update, whichever is shorter.

Value	Description
01	No Use in the Past Month
02	Used on 1-3 days in the Past Month
03	Used on 1-2 days in the Past Week
04	Used on 3-6 days in the Past Week
05	Daily
96	Not Applicable – when related Substance Use Problem is 01-None

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 (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 for Substance Use Problem (Primary (A038; DU029), Secondary (A042; DU031), and/or Tertiary (A046; DU033), the Frequency of Use must be 01-05.

Validation Edits:

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

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.

Value	Description	Detail
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	Not Applicable	When related Substance Use Problem is 01-None

Guidelines:

- If there is a value other than 01-None 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 the drug.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.
- 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 not 01-None, Age at First Use (A041, A045, & A049) must NOT be 96-Not Applicable.

Medication-Assisted Opioid Therapy – A050 – Federal Field

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

Value	Description	Detail
1	Yes	Opioid medications such as methadone, buprenorphine vivotrol, suboxone, or naltrexone will be part of the individual's treatment plan.
2	No	Opioid medications such as methadone, buprenorphine vivotrol, suboxone, or naltrexone will NOT be part of the individual's treatment plan.
6	Not Applicable	Used if the individual is not in treatment for an opioid problem.

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.
- 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.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.
- 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 not be accepted.
- 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 not be accepted.

Co-occurring Disorder/Integrated Substance Use and Mental Health Treatment – A051– Federal 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 individual receiving integrated treatment, the services appear seamless with a consistent approach.

Value	Description
1	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, client does NOT have a co-occurring substance use and mental health problem and is NOT being treated with an integrated treatment plan by an integrated team.
3	Client with co-occurring substance use and mental health problems is NOT currently receiving integrated treatment.

Guidelines:

- For 1-Yes to be selected, the:
 - Treatment plan must be integrated, including both MH and SU goals.
 - Clinical encounters occur at a single facility
 - For an A record, the program must have an Integrated Treatment Endorsement on its Outpatient License.
- When 1-Yes is selected, all fields of the BH-TEDS record are required (i.e. there must be one or more substance abuse 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. If the treatment is funded by Substance Use, encounters with the HH modifier should be used.
- 2-No has been modified to identify individuals WITHOUT co-occurring substance use and mental health problem.
- 3 has been added to identify 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.)
- Since Integrated Treatment is only collected on T1 records (A or M), when an individual moves from a non-integrated to integrated plan, the non-integrated episode must end (D or E) and a new integrated episode must begin (A or M). Similarly, when an individual moves from an integrated to a non-integrated plan, the integrated episode must end (D or E) and a new non-integrated episode must begin (A or M).
- Since Integrated Treatment is only collected on T1 records (A or M), when it is discovered that an individual has co-occurring problems after treatment began, and
 - both problems were in place from the start of treatment, a change record should be submitted correcting this response 2-No, client without co-occurring substance use and mental health problems... to 3-Client with co-occurring substance use and mental health problems...
 - the second problem began after the start of treatment, the non-co-occurring episode must end (D or E) and a new co-occurring episode must begin (A or M) with 1 or 3 reported.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.

- If Integrated Substance Use and Mental Health Treatment = 1 or 3 and Primary Substance Use is None-01, the record will not be accepted.
- If Integrated Substance Use and Mental Health Treatment = 1, Mental Health Diagnostic Code One (A059; DU041) must NOT be 999.9997.
- If Integrated Substance Use and Mental Health Treatment = 2 and or Primary Substance use is not None-01, the record will not be accepted.
- If Attendance at Substance Use/Co-dependent Groups in Last 30 days is 98-Not Collected, the record will not be accepted.

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	Value	Description	Detail
A, D, M, U, E – All	01	Homeless	Individual having no fixed address. Includes homeless shelters.
A, D – SUD	02	Dependent Living	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.
A, D – SUD	03	Independent Living	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	22	Residential Care/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. <i>Must also select 221 or 222 in A053 and/or DU036-Detailed Living Arrangements.</i>
M, U, E – MH	23	Living in a Private Residence <u>not owned</u> by the PIHP, CMHSP, or Contracted Provider	Individual living in a private residence alone, with a spouse, or non-relatives. The private residence is not owned by the PIHP, CMHSP, or Contracted Provider.
M, U, E – MH	32	Foster Home/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	33	Living in a Private Residence <u>owned</u> by the PIHP, CMHSP, or Contracted Provider	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	42	Crisis Residential	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	52	Institutional Setting	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	Jail/Correctional/Other Criminal Justice Institutions	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.

M, U, E - MH	72	Living in a private residence with natural or adoptive family member(s)	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 his/her financial support.
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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 SU records (A & 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.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.
- If A or D record and something other than 01, 02, or 03 is reported, the record will not be accepted.
- If M, U, or E record and 01, 02, or 03 is reported, the record will not be accepted.
- 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.

Value	Description
221	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 Residential Home - Licensed foster care facility not certified to provide specialize program (per the DMH Administrative Rules), regardless of number of beds.
996	Not applicable; Living Arrangements was NOT 22-Residential Care.

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 not be accepted.
- 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 must be reported for Detailed Residential Care Living Arrangement (A053; DU036).
- If A or D record, 996 must be reported.

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

***Reminder: For T2 records (D, U, 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 the individual had in the past 30 days.
- On Service Update/End Records (U, D, or E), enter the number of separate arrests 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 SUD service. Individual was in residential for 14 days during which s/he 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.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.

Corrections Related Status – A055; DU038 – State Field

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

Value	Description
01	In prison
02	In jail
03	Paroled from a state or federal correctional facility
04	Probation
05	Tether
06	Juvenile detention center
07	Pre-trial (Adult) OR Preliminary Hearing (Youth)
08	Pre-sentencing (Adult) OR Pre-disposition (Youth)
09	Post booking-diversion
10	Booking diversion
11	Not under the jurisdiction of corrections or law enforcement program
97	Not collected at this co-located service
98	Not collected for this crisis-only service

Guidelines:

- The list of reportable corrections-related statuses has been prioritized for MDHHS reporting (from highest=01 to lowest=98). Enter the 2 character value that identifies the highest priority type of Corrections Related Status that pertains to the individual.
- 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.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.

Attendance at Substance Use or Co-dependent Self-help Groups in Past 30 Days – A056; DU039 – Federal Field

***Reminder: For T2 records (D, U, 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.

Value	Description	Detail
01	No Attendance	
02	Less than once a week	1 – 3 times in the past 30 days
03	About 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
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 not be accepted.
- If A or D record, response only 01-05 are valid; 98 may not be reported.
- If M, U, or E record 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 M, U, or E record and Integrated Substance Use and Mental Health Treatment (A051; DU034) is 2-No, then 98 must be reported.
- **If M, U, or E record 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.**

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
95	FY16 record being reported in FY17 Format.
96	Non-MI-adult individual
97	Not collected at this co-located service.
98	Not collected for this crisis-only service.

Guidelines:

- Enter the most recent LOCUS composite score of the Adult MI individual being served.
- Enter 95 for Service Start Records for individuals whose service start date is prior to 10/01/2016 and submission is in FY17 Format.
- Enter 95 for Service Update/End Records for individuals whose service update/end date is prior to 10/01/2016 and the submission is in the FY17 Format..
- Enter 96 if the individual is not an adult or a Substance-use only individual for whom LOCUS assessment was not performed.
- Enter 96 if the individual has a Substance Use Problem only (A record).
- Enter 97 for data not collected due to the MI-adult receiving assistance at a located place of service.
- Enter 98 for data not collected due to the MI-adult receiving crisis only services.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.
- If the individual is younger than 18 years old and the composite score is not 96, the record will not be accepted.
- If Client Transaction Type is A or M and service start date > 09/30/2016 and 95 is reported, the record will not be accepted.

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	Non-MI Adult, or collected at co-located service, or collected during crisis-only service.

Guidelines:

- Enter the date the most recent LOCUS was performed and composite score reported in A063 OR DU045 for the Adult MI individual being served.
- Enter 09302099 if any of the following conditions are true:
 - This A or M Record has a service start date prior to 10/01/2016 and submission is in FY17 Format.
 - This D, U, or E Record has a service update/end date prior to 10/01/2016 and the submission is in the FY17 Format.
 - The individual is not an adult or is a Substance-use only individual for whom LOCUS is not performed.
 - The individual has a Substance Use Problem only (A record).
 - The data was not collected due to the MI-adult receiving assistance at a located place of service.
 - The data was not collected due to the MI-adult receiving crisis only services.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.
- If the individual is not 18 or older and the LOCUS Assessment date is not 09302099, the record will not be accepted.
- If Locus Composite Score is 95, 96, 97, or 98 and the Locus Assessment Date is not 09302016, the record will not be accepted.

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 (A058) or the Mental Health Diagnostic Code One on the Service Update/End Record.

Value	Description
1	DSM-IV
2	ICD-9
3	ICD-10
4	DSM-5

Guidelines:

- ICD-10 is the preferred Diagnostic Code Set to be used in BH-TEDS.
- Consistent use of one type of diagnostic code set should be observed.
- Although it is not encouraged, BH-TEDS will accept different code sets across the record. When using multiple diagnostic sets, the Code Identifier Set identifies the one used in the first diagnosis reported.

Validation Edits:

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

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:

- Both DSM and ICD codes can be accommodated. The type utilized should be identified in A057-Diagnostic Code Set Identifier.
- The diagnosis must be provided by a licensed clinician, who may or not be directly employed by the PIHP or provider, operating within his/her 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.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.
- 999.9997 is not allowed if Integrated Substance Use and Mental Health Treatment (A051) is 1-Yes.
- When reporting anything but 999.997, Integrated/Co-occurring Treatment (A051) must be 1-Yes, integrated or 3-Yes, co-occurring but not integrated.

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 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 primary MH diagnosis has been determined.

Guidelines:

- ICD 10 Codes must be reported. ~~Both DSM and ICD codes can be accommodated.~~
- 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 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 not be accepted.
- If Integrated Substance Use and Mental Health Treatment = 1, Mental Health Diagnostic Code One (A059; DU041) must NOT be 999.9997.
- If Mental Health Diagnosis One equals Mental Health Diagnosis Two or Mental Health Diagnosis Three, the record will not be accepted.
- If Mental Health Diagnosis Two equals Mental Health Diagnosis Three, the record will not be accepted.

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.

Value	Description
01	Voluntary – Self
02	Voluntary – Others
03	Involuntary – Civil
04	Involuntary – Criminal
05	Involuntary – Juvenile Justice
06	Involuntary – Civil – Sexual
96	Not applicable

Guidelines:

- This information is used to report the State Hospital 30-day and 180-day Readmission Rates NOM by individual’s legal status.
- 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 and time 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-Involuntary-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 not be accepted.
- 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).

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 SUD) 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:

- For MH, an update 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 data was recollected at the time of the annual review.
- For MH and SUD, a Service End (E or D) record is submitted when the individual is no longer receiving services. For an E or D record, the Service Update/End date is the date of the last face-to-face service.
- 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 SUD individual does not formerly discharge (i.e. stops showing for up for services): 1) submit a D record when no detox or residential SUD services for approximately 3 days; 2) submit a D record when no O/P SUD 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.

Validation Edits:

- If this field is blank, the record will not be accepted.
- If the field is not a valid calendar date (i.e. 02302015), the record will not be accepted.
- If the date reported is greater than the system date, the record will not be accepted.
- If the date reported is less than the service start date, the record will not be accepted.

Service Update/End Time of Day – A012; DU012 – State Field

Description: The time data was recollected (MH U record) or services end (MH-E record or SUD-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 not be accepted.
- If the field is not a valid military time (i.e. 2415), the record will not be accepted.
- 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 not be accepted.

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.

Value	Description	Detail
01	Treatment Completed	Substantially all parts of the treatment plan or program were completed.
02	Dropped Out of Treatment	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	Terminated 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 to Another Program or Facility/ Completed Level of Care	Individual will transfer to another level of care, program, provider, or facility.
34	Discharged from State Hospital to Acute Medical Facility for Medical Services	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 Courts	Individual's treatment is terminated because s/he has been subject to jail, prison, or house confinement or s/he has been released by or to the courts.
06	Death	The death of the individual receiving behavioral health services.
07	Other	Individual transferred or discontinued 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:

- 96 is utilized for MH Update Records only as the individual has not transferred or terminated services.

Validation Edits:

- If this field is blank or contains an invalid value, the record will not be accepted.
- 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.

Other Important Clarifications/Considerations/Reminders

- Only MH records can be 'updated'. SU records do not have an update option.
- The first **mental health** BH-TEDS record submitted for an individual must always be a Service Start Record (M). You cannot update a record that is not already in TEDS.
- SU records still open in the 'old' TEDS system at 09/30/15 will never have a Discharge Record submitted.
- For MH records, if the value(s) of one/more fields have changed since Service Start Date, then an Update could be submitted. 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 record has not been sent to MDHHS, the clinician can update 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 records are second point-in-time records.
- For MH records, you can Delete an M record and Add a new one without going through all of the layers as long as you are not changing a key field. If you are changing a key field, it will be necessary to Delete and Add the affected "U" or "E" records as their key fields need to sync to the proper Service Start (admission) Record and it is not at the same Provider ID.
- You can Change an existing record without going through all of the layers as long as you are not changing a key field. If you are changing a key field, it will be necessary to Delete and Add the affected "U" or "E" records as their key fields need to sync to the proper Service Start (admission) Record.
- 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.
- SUD (A) and MH (M) records may be concurrent or sequential.
 - For example, an SUD individual is referred to MH for services. The A record remains unchanged and has its own D when individual is discharged from LARA licensed 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 will only have one record: an A (if LARA-licensed) or an M (if non-LARA licensed or MH funded) with all fields required.
 - Although there is one and only Payer ID in BH-TEDS, encounters will continue to have two payer ids utilized (one for MH, another for SUD).
- For SUD 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 SUD Treatment, a person may not be admitted concurrently to more than one service category at the same licensed site. They may, 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 SUD 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) it is appropriate to answer the Service End records (D and E) with the same data values as its relative Service Start record (A or M).
- 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.

BH-TEDS GLOSSARY

	<p>A record submitted at the first face-to-face event once the individual is formally accepted into substance use treatment.</p>
A and M Records	<p>M record submitted at the first face-to-face service such as initiation of MH assessment, authorization for on-going services, or treatment or supports encounter. Treatment initiates at the first face-to-face event in an episode of care.</p>
Client	<p>Individual receiving treatment of his/her mental health, substance use, and/or developmental disability disorder.</p>
Co-dependent / collateral	<p>Substance Use Concept - Individual with no alcohol or drug problem but is formally receiving substance use treatment to address problems arising from his/her relationship with an alcohol or drug user.</p>
Co-located Service	<p>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.</p>
Competitive, integrated employment	<p>Individual working in a typical workplace setting, where the majority of 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.</p>
Concurrent Admission	<p>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 LARA-licensed facility.</p>
Crisis-only Service	<p>A single mental health service provided to an individual experiencing a mental health crisis.</p>

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. 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 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 abuse.
Sequential Admission	Occurs when there is one and only one admission on any given date. There are no overlapping date ranges.
Serious Emotional Disturbance	Individual meets the 2012 current Mental Health Code Definition of Serious Emotional Disturbance exclusive of intellectual or developmental disability, or substance abuse.
Serious Mental Illness	Individual meets the 2012 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	Date of last face-to-face service contact.

Service Start Date	<p>MH - Date when a decision is made whether or not a new person is deemed eligible for ongoing services. Decision will occur in conjunction with a face-to-face service such as an assessment, crisis service, or inpatient screening.</p> <p>SA - Date of first face-to-face treatment contact.</p>
Time to Treatment	<p>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.</p>
Update	<p>MH ONLY - Record type submitted, at least annually, to provide a data point (Time 2) in reporting the individual's status or in conducting outcome evaluation.</p>

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