



All You Ever Wanted to Know About Behavioral Health Treatment Episode Data Set (BH TEDS)

Working Assumptions



- No one really explained what they were
- No one really explained why
- We rely on organizational history for training purposes
- BH TEDS are just another thing THEY want us to do.
- No one looks at these and I don't have time for this. I am too busy.

Goals



- Clarify the what
- Understand the why
- Help give meaning to “busy work”
- Reinforce the value of the work you do
- Provide references for future documentation questions

TEDS Overview



- Outcome measure based on two points in time: Admission/Discharge based on an episode of care
- Client data are collected on the first date of service (admission) at each licensed site... and then re-collected on the last date of service (discharge)
- This allows tracking of changes during the course of treatment and allows us to demonstrate improved outcomes
- It means that what is reported at admission WILL be compared to what is reported at discharge

BH TEDS Overview



- BH TEDS are the outcome measures that MDHHS uses to report how clients, providers, Regional Entities, and the State of MI are doing.
- MDHHS BH TEDS are part of the Federal National Outcome Measures (NOMS)



Why does it matter to me?



- Data drives dollars – Nationally, State, Locally, and at provider level.
- Life of a TEDS:
 - MDHHS has to have a “good” TEDS admission and discharge for encounters (claims) to be submitted and counted for SWMBH
 - Encounter data is used to determine cost of services, future allocation for SUD funding

Why does it matter to me?



- Data drives programming
- Gives clinicians, agencies, etc. feedback:
 - Areas of strength and improvement
- MDHHS is looking at NOMS
 - Primary substance use
 - Employment
 - Living arrangement
 - Arrests
 - Social support days

Why does it matter to me?



The times are a changing...

- **Provide Rankings:**
 - **Completion:** Completion defined as reporting either "completion" or "transfer/continuing" as the Reason For Discharge in the TEDS Discharge Record
 - **Continuation:** Continuation defined as a minimum of 3 separate dates of outpatient services within the first 45 days in treatment. Length of stay must also be at least 45 days
 - **Abstinence:** Abstinence defined as reporting zero use in the past 30 days on the last date of service

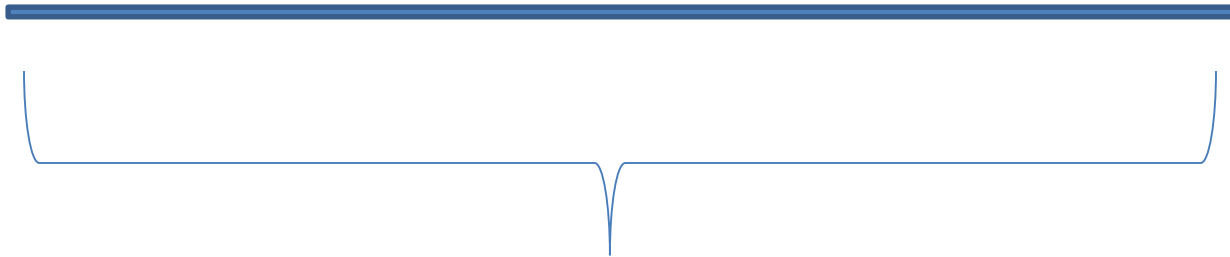
Discharges



- Discharges only look at the past 30 days
- But wait...

Admission:
January 1

Discharge:
January 21



**Only count information back to
January 1 – even if less than 30 days**

Discharges



- Assessment only...
- Discharge should mirror your admission information:
 - SU Hx should be the same
 - Housing should be the same
 - Etc.

Closing thoughts



“Recovery is a reality. It can, will, and does happen.”

- What you put in matters
- It helps demonstrate that SUD services work
- When in doubt, fill it out. But fill it out correctly.

Helpful Resources



- TEDS Coding Manual:

[http://www.michigan.gov/documents/mdhhs/BH-TEDS Coding Instructions 12 17 15 512231 7.pdf](http://www.michigan.gov/documents/mdhhs/BH-TEDS_Coding_Instructions_12_17_15_512231_7.pdf)

- 2013 Treatment Episode Data Set (TEDS) Reporting Supplementary Guidance

[http://www.michigan.gov/documents/mdch/TEDS Reporting Suppl Provider Guidance FY13 410162 7.ppsx](http://www.michigan.gov/documents/mdch/TEDS_Reporting_Suppl_Provider_Guidance_FY13_410162_7.ppsx)

- Office of Recovery Oriented System of Care (OROSC):

http://www.michigan.gov/mdch/0,1607,7-132-2941_4871---,00.html