

BABH Staff Guide

Behavioral Health –Treatment Episode Data Set (BH-TEDS) For FY16

REVISED 2016-04-06

- New state reporting system that replaces the QI Data (demographics) effective 10/1/15
- DD Proxy measures will be continued by the state to support Medicaid rate setting
- Is based on admissions/discharges to CMHSP's as a system of care. An admission occurs when services start with any direct operated or contracted service in the BABH provider network, and a discharge occurs when the last service in the provider network ends. CONSUMER TRANSFERS BETWEEN BABH, MPA, MBPA AND OTHER AGENCIES ARE NOT CONSIDERED "DISCHARGES" FOR BH-TEDS
- Applies to all consumers receiving CMHSP services:
 - Including those receiving Crisis Intervention only, Respite Only and Medications Only
 - Those receiving OBRA screening/assessment who do not go onto mental health monitoring or other CMHSP services are to be excluded as they are not truly receiving CMHSP services
- Completed by case holder (i.e., person responsible for person centered plan). Hospital Liaison will complete a BH-TEDS Admission and Discharge Record for people BABH admits to a state center.
- The CMHSP of the county with financial responsibility (COFR) should report the BH-TEDS and Encounter records.

General Guidelines

- Generate "Admission" BH-TEDS Record when the person enters services with a CMHSP provider network:
 - Just for FY16 only: For consumers receiving services prior to 10/01/15, the first post 10/01/15 annual assessment or admission to a state psychiatric center will be the consumer's BH-TEDS "Admission" start date.
 - For FY17 and beyond, the BH-TEDS Admission Record or start date is the date of the first face-to-face billable service.
 - A BH-TEDS Admission Record is required once per episode of care (i.e., when first entering services with any provider in the entire BABH provider network)
 - Users will be prompted in Phoenix to complete a BH-TEDS Admission Record:
 - At time of signing an Initial Clinical Assessment
 - At time of signing a Re-Admission Clinical Assessment
 - At time of signing a Pre-Admission Screening if disposition is "Crisis Residential" or "Inpatient Admission", i.e., an authorization was generated for a service, and an Admission BH-TEDS Record was not previously generated by another program or provider
 - At time of a face-to-face Crisis Intervention service encounter, if an Admission BH-TEDS Record was not previously generated by another program or provider, and no other services were authorized
 - Effective 2/29/16, MDHHS also began requiring that a BH-TEDS Update record for a consumer be generated at the time a new HSW enrollment packet is being submitted, if the existing BH-TEDS record does not reflect the current Living Arrangement for the consumer.

The only time BABH will have more than one BH-TEDS Admission open for a consumer will be during the time of admission to a State Center like Caro. BABH will have a concurrent admission to BABH CMHSP and one for the State Center, which will be prepared by the Hospital Liaison.

- Generate “Update” BH-TEDS Record:
 - Required at least annually
 - Users will be prompted in Phoenix to complete at the time of the Annual Clinical Assessment
- Generate “Discharge” BH-TEDS Record:
 - Just for FY16 only: As noted earlier in this document, for consumers receiving services prior to 10/01/15, the first post 10/01/15 annual assessment or admission to a state psychiatric center will be the consumer’s BH-TEDS “Admission” start date. If such a consumer is discharged from the BABH provider network before their annual assessment date, no BH-TEDS Discharge Record is required, as we would not yet have created a BH-TEDS Admission Record.
 - For FY17 and beyond, the BH-TEDS discharge date is the date of the last billable service by any provider in the BABH Provider Network.
 - Users will be prompted to generate a BH-TEDS Discharge Record:
 - At time of “Close Admission” in Phoenix - i.e., when discharging the person from receiving services from the entire BABH provider network (all services from all providers)
 - This includes:
 - At time of discharge from Crisis Residential or Psychiatric Inpatient Admission if no other services were received after the inpatient stay (i.e., crisis residential or psychiatric inpatient service only)
 - After a face-to-face Crisis Intervention service encounter if no other services were received after the crisis intervention (i.e., crisis service only)
 - State Centers - Hospital liaisons will complete a discharge record for the state center admission if a consumer is released from a State Center, as a separate BH-TEDS Admission and Discharge series of records must be generated

Selected BH-TEDS Fields and Definitions

This is a list of selected fields which have different response choices than similar fields in the old QI-Data/Demographics fields, are new fields or are used differently than the user might expect. Not all BH-TEDS fields are included in this document.

Language shown is directly from the MDHHS BH-TEDS reporting instructions; additional guidance for BABH staff and providers is indented and in italics. See the MDHHS BH-TEDS coding and reporting instructions for full information.

ALL BH-TEDS FIELDS MUST BE COMPLETED.

Not Collected at this Co-Located Service

Mental health services provided at a health facility (i.e. primary care physician's office) or Integrated Care Clinic, where the primary EMR is not owned by the MH provider. Where provided as a response 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.

Not Collected for this Crisis Only Service

A response option that is available for some BH-TEDS fields which can be used if the information could be collected during a crisis only service. If a person receives services beyond crisis intervention, another response choice must be selected.

REFERRAL AND BACKGROUND

Time to Treatment

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. When treatment is immediately available, as in the case of walk-in services, the time to treatment is entered as ‘0’. For consumers who were in service prior to 10/1/15, ‘0’ should also be entered, because treatment was continuous.

Prior Treatment Episodes

Attempts to answer the question: “How many times have you tried to address this problem at any treatment provider?” 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).

Referral Source

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.
Other Health Care Provider	A physician, psychiatrist, nurse, or other licensed health care professional; general hospital; psychiatric hospital; mental health program; or, nursing home.
Employer/Employee Assistance Program (EAP)	An employee’s supervisor or an employee counselor.
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.
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.
School (Educational)	A school principal, counselor or teacher; a student assistance program; the school system; or, educational agency.
Criminal Justice: Diversionary Program	Individual was remanded to treatment in lieu of jail/prison.
Criminal Justice: DUI/DWI	Individual was referred as part of disposition of DUI/DWI case.
Criminal Justice: Federal/State Court	Individual was referred by Circuit, District and Probate Courts

Criminal Justice: Other Recognized Legal Entities	Individual was referred by local law enforcement, corrections, youth services, review board/agency
Criminal Justice: Other Court	Individual was referred by any other court not included in 01, above. For example: municipal court
Criminal Justice: Other	Other criminal justice referral not included in responses 01-08.
Criminal Justice: Prison	Individual was directed to treatment by the Prison as condition of release or part of furlough program
Criminal Justice: Probation/Parole	Individual was referred by his/her Probation or Parole Officer.

RESOURCES

Education

- 1) 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.
- 2) For children less than 3 years old who not covered by State of Michigan Special Education Law, use code 00 No schooling or Less Than One School Grade.
- 3) 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.
- 4) For children home-schooled or in special education, but have been mainstreamed in regular school grades, report the equivalent grade level.
- 5) 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.
- 6) 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.
- 7) For individuals who completed school under the State of Michigan Special Education Law who have completed school, enter the school grade level equivalent of the last grade completed or 74 if school was completed in a setting without a grade-equivalent.
- 8) 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
- 9) 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.

‘Vocational school’ in this instance does not include BABH’s direct operated and contracted skill building programs.

10) 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.

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

School Attendance Status

Yes	Individual has attended school at any time in the last 3 months.
No	Individual has not attended school at any time in the last 3 months.
Not applicable	Individual is not aged 3-17 or aged 18-26 and protected by IDEA.
Not collected at this co-located service	
Not collected for this crisis-only service	

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.

Employment Status

For consumers under age 16, please choose the response choice 'Not applicable as the individual is under 16 years of age' versus 'student'. This use of 'student' refers only to those who are over age 16.

Only choose "N/A-individual is under the age of 16" if the child is 15 years or younger

Total Annual Income

Specifies the individual's current annualized income utilized in calculating his/her Ability to Pay (ATP).

When ATP is not calculated for a Medicaid-eligible individual receiving MH non-residential-only services, report 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, report \$0.

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. This field cannot be left blank.

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

Specified the number of dependents utilized in calculating Ability to Pay (ATP).

When ATP is not calculated for a Medicaid-eligible individual receiving MH non-residential-only services, report 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 one (1). Number of Dependents should never be zero (0).

Living Arrangement

Homeless	Individual having no fixed address. Includes homeless shelters.
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.
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
Specialized Residential Home	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

General Residential Home	General Residential Home – Licensed foster care facility not certified to provide specialized program (per the DMH Administrative Rules), regardless of number of beds.
Living in a Private Residence not owned 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.
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.
Living in a Private Residence owned 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.
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.
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.
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.
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.

LEGAL

Corrections Related Status

In prison	
In jail	
Paroled from a state or federal correctional facility	
Probation	
Tether	
Juvenile detention center	
Pre-trial (Adult) OR Preliminary Hearing (Youth)	
Pre-sentencing (Adult) OR Pre-disposition (Youth)	
Post booking-diversion	Use this response choice for individuals involved with an adult or juvenile Mental Health Court
Booking diversion	
Not under the jurisdiction of corrections or law enforcement program	Use this response choice for individuals found Incompetent to Stand Trial (IST) or Not Guilty by Reason of Insanity (NGRI)
Not collected at this co-located service	
Not collected for this crisis-only service	

Arrests in Past 30 Days

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

SUBSTANCE USE DISORDERS

Substance Use Problem

<i>(Called 'Substance Use Chart' in phoenix; includes primary, secondary and tertiary)</i> None	
Alcohol	
Cocaine/Crack	
Marijuana/Hashish	Includes THC and any other cannabis sativa preparations
Heroin	
Non-prescription Methadone	Illicit use of prescription methadone
Synthetic Opiates & Other Opiates	Includes buprenorphine, butorphanol, codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and other narcotic analgesics, opiates, or synthetics
PCP	Phencyclidine
Hallucinogens	Includes LSD, DMT, mescaline, peyote, psilocybin, STD, and other hallucinogens
Methamphetamine/Speed	
Other Amphetamines	Includes amphetamines, MDMA, 'bath salts', phenmetrazine, and other amines and related drugs
Other Stimulants	Includes methylphenidate and any other stimulants
Benzodiazepines	Includes alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flunitrazepam, flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other benzodiazepines
Other Tranquilizers	Includes meprobamate, and other non-benzodiazepine tranquilizers
Barbiturates	Includes amobarbital, pentobarbital, phenobarbital, secobarbital, etc.
Other Sedatives or Hypnotics	Includes chloral hydrate, ethchlorvynol, glutethimide, methaqualone, and other non-barbiturate sedatives and hypnotics.
Inhalants	Includes aerosols; chloroform, ether, nitrous oxide and other anesthetics; gasoline; glue; nitrites; paint thinner and other solvents; and other inappropriately inhaled products.
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.
Other Drugs	Includes diphenylhydantoin/phenytoin, GHB/GBL, ketamine, "spice", carisoprodol, and other drugs – INCLUDES NICOTINE AND CAFFEINE

Frequency and Route of substances must be completed for each substance that is listed (regardless if it is primary, secondary, tertiary etc...); "n/a" or blank is not a valid selection.

"Other Drugs (including caffeine)" can only be selected ONCE; if selected multiple times for caffeine and nicotine, it will generate an error.

To avoid this error, it is recommended that staff/providers use the Substance Use Chart to document a caffeine addiction and use the 'Use of Tobacco Products' field in the BABH Clinical Assessment to document a nicotine addiction.

Frequency of Use

The purpose of collecting this field is to identify the number of days in the last 30 days that the individual had the ability to use (i.e. not incarcerated, hospitalized, or in residential treatment). For admission records, utilize the 30 day window when the individual last had the opportunity to use. For service update/discharge records, utilize the past 30 days or since the admission record / most recent update record, whichever is shorter.

Medication-Assisted Opioid Therapy

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

N/A must be selected for all individuals who have no primary, secondary or tertiary substance use problem of 05-Heroin, 06-Non-Prescription methadone, or 07-Other Opiates and Synthetics. If an individual has an opioid identified as primary, secondary or tertiary substance use problem, Y or N must be selected. Select Y if methadone, buprenorphine, vivotrol, suboxone or naltrexone is being used, regardless of whether it is prescribed or dispensed by the provider completing the BH-TEDS record.¹

The state revised this data field. CMHSP's must now respond using the three response choices shown below. The response in this field must be consistent with the substance use problems identified in earlier BH-TEDS fields, as follows:

- *If an opioid is listed under the list of substances but it is not being addressed in the CMHSP (direct operated or contracted service providers) service/support plan for the consumer, choose "No".*
- *"n/a" is not a valid response if an opioid has been selected as a substance*

(Note: This instruction is different than how BABH staff and contracted service providers were trained during September/October of 2015.)

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.

Attendance at Substance Use or Co-Dependent Self-Help Groups in the Past 30 Days

Applies to the substance use provider network only, not to CMHSP's and their direct operated and contracted providers, unless the CMHSP is involved in SUD/MH integrated treatment as defined for BH-TEDS. BABH currently does not provide integrated treatment as defined for BH-TEDS. Co-occurring treatment does not qualify as integrated treatment for purposes of BH-TEDS reporting. The correct response at this time is 'Not Collected (for MH Records Only)'.

¹ From MDHHS BH-TEDS Q&A document.

ASSESSMENT SUMMARY

Disability Designations

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, family physician, neurologist, etc.) and a copy of the diagnosis is available in the individual's chart.

I/DD Designation

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.

SMI Designation

Individual meets the 2012 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.

SED Designation

Individual, under age 18, has SED DSM diagnosis, exclusive of intellectual or developmental disability, or substance abuse a Serious Emotional Disturbance as defined in the current Michigan Mental Health Code.

'I/DD Designation' and 'MI or SED' Designation': Keep in mind these designations are being completed by both CMHSP's and the MSHN SUD Provider Network. The term 'MI' as used here refers to people with mental illness, which is broader than just the people the CMHSP provider network serves, who have serious mental illness (SMI). Our CMHSP provider network (meaning our direct operated programs and our primary contracted service providers – MBPA, MPA, List and Saginaw Psychological Services) should follow the following examples when choosing responses:

For an adult or child evaluated as experiencing intellectual/ developmental disabilities, you would pick the following response choices:

Phoenix Field	Yes	No	Not Evaluated	
I/DD Designation	X			
MI or SED Designation		X		
	SMI	SED	Neither SMI or SED	Not Evaluated
Detailed SMI or SED Status			X	
	Yes	No		
Integrated Substance Use and Mental Health Treatment		X		

For an adult evaluated as experiencing serious mental illness, you would pick the following response choices:

Phoenix Field	Yes	No	Not Evaluated	
I/DD Designation		X		
MI or SED Designation	X			
	SMI	SED	Neither SMI or SED	Not Evaluated
Detailed SMI or SED Status	X			
	Yes	No		

Integrated Substance Use and Mental Health Treatment		X		
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For a child evaluated as experiencing serious emotional disturbance, you would pick the following response choices:

Phoenix Field	Yes	No	Not Evaluated	
I/DD Designation		X		
MI or SED Designation	X			
	SMI	SED	Neither SMI or SED	Not Evaluated
Detailed SMI or SED Status		X		
	Yes	No		
Integrated Substance Use and Mental Health Treatment		X		

Integrated Substance Use and Mental Health Treatment

As used for BH-TEDS, refers to services provided by a licensed SUD network provider and CMHSP network provider under a single treatment plan. It does not refer to co-occurring treatment provided by an SUD licensed program within a CMHSP.

None of our co-occurring services (across our provider network) currently meet the criteria for a 'Yes' response for this field. The only time we will be allowed to respond 'Yes' is when we are able to offer services from both our provider network and an SUD provider in the MSHN SUD Provider Network through a single integrated treatment plan. Just mentioning services received from an SUD provider in the BABHA provider network's plan of service, or just providing co-occurring services through our CMHSP provider network is not enough to qualify.

The correct response choice at this time is 'No'.

SIGNATURE

The following fields appear when you are prompted to generate a BH-TEDS record, when you are signing your assessment.

Service Start Date

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

For the first year of BH-TEDS, 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.

Pregnant at Service Start Date

If it is determined that a female reported not being pregnant when she was, or the reverse, MDHHS is requesting a change record be submitted.

Type of Treatment Setting

State Psychiatric Hospital	MH services in state-operated, at least partially SAMHSA-funded hospitals that provide inpatient care to individuals with mental illnesses.
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. <i>Always use this field unless an admission to a state center, services are provided only in jail or received an assessment only.</i>
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. These are not community based programs. ²
Other Psychiatric Inpatient	MH services in private or medical settings licensed and/or contracted through the State Mental Health Authority (MDHHS).
Institutions Under the Justice System	Mental health services provided in jails, prisons, juvenile detention centers, etc.
MH Assessment only	MH individuals receiving assessment or evaluation services only.

Co-Dependent/Collateral Person Served

A Substance Use Concept - Individual with no alcohol or drug problem but is formally receiving substance use treatment (from an SUD licensed provider in the MSHN SUD provider network) to address problems arising from his/her relationship with an alcohol or drug user. Does not apply to family treatment scenarios in the CMHSP system. The response should be defaulting to 'Client' for all BABH consumers. If prompted to complete this field, always use the response choice 'Client'.

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.

Reason for Service Update/End

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

Treatment Completed	Substantially all parts of the treatment plan or program were completed. <i>Use if the consumer is ending services because they have met their goals for treatment or the CMHSP is terminating services because the person no longer meets eligibility or medical necessity criteria for services (Note: This instruction is different than how BABH staff and contracted service providers were trained during September/October of 2015.)</i>
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² From MDHHS BH-TEDS Q&A document.

Dropped Out of Treatment	<p>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.</p> <p><i>Use if a Medicaid action notice being sent due to consumer no show or when still eligible for services, is not moving out of the area, but wants to terminate treatment</i></p>
Terminated by Facility	<p>Treatment terminated by action of the treatment facility, generally because of non-compliance with treatment or violation of rules, laws, policies, or procedures.</p> <p><i>Use if a Medicaid action notice is being sent to the consumer because the CMHSP is terminating treatment for reasons of non-compliance with treatment or violation of rules, laws, etc.</i></p> <p><i>(Note: This instruction is different than how BABH staff and contracted service providers were trained during September/October of 2015.)</i></p>
Transferring to Another Program or Facility/ Completed Level of Care	<p>Individual was transferred will transfer to another level of care, program, provider, or facility and either reported for treatment or it is unknown whether s/he reported for treatment.</p> <ul style="list-style-type: none"> • <i>Use when discharging from our provider network and referring to an SUD provider.</i> • <i>Use when discharging from our provider network and referring to another CMHSP in a planned manner.</i> • <i>Does not refer to transfers between programs within the BABH contracted and direct operated provider network</i> • <i>Use when a CMHSP chooses to end the episode when an individual goes into a state psychiatric hospital (sequential rather than concurrent admissions). Similarly, once the individual is discharged from the state hospital with a plan of going back to regular CMHSP services, the state hospital discharge would be reported under this same response choice</i>
Discharged from State Hospital to Acute Medical Facility for Medical Services	<p>Individual with an open State Psychiatric Hospital Admission is discharged from the state hospital and transferred to an acute medical facility for medical services.</p>
Incarcerated or Released by Courts	<p>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.</p> <p><i>Use if being discharged because the consumer is jailed or imprisoned and the admission in Phoenix is being closed</i></p>
Death	<p>The death of the individual receiving behavioral health services.</p>
Other	<p>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.</p> <p><i>Use if the consumer moves out of the area or ages out of a program(s) and is not eligible for another service; use if none of the other reasons shown apply</i></p> <p><i>Do not use for planned discharges to another CMHSP</i></p>
N/A – Update Record	<p>Utilized for Update records only</p>