Behavioral Health–Treatment Episode Data Set

BH-TEDS
Staff Guide

FY21

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(Version27)

Contents

What are BH-TEDS Records?

A BH-TEDS Record is a report of the status of an individual over the course of an episode of care.   There are four types of BH-TEDS Records:

- A BH-TEDS **Q**-Record, which is a point-in-time record to be used for crisis-only services where no open BH-TEDS episode already exists.
- A BH-TEDS **Admission** Record (Initial MH Start Record or M Record) is completed when the first billable (i.e., reportable) service is received from the BABH provider network.
- A BH-TEDS **Update** Record (MH Update Record or U Record) is completed at least annually during an episode of care, if the episode lasts at least a year.
- A BH-TEDS **Discharge** Record (MH Service End Record or E Record) is completed when the last billable (i.e., reportable) service is received from the BABH provider network.

What is an Episode of Care?

An episode of care is one cycle of an admission to, and discharge from, the BABH Provider Network. The BABH Provider Network is all BABH direct operated programs and contracted service providers.

An episode of care starts when on the first day of billable (i.e., reportable) service by any program or provider in the BABH network and ends on the last day of billable (i.e., reportable) service.

One or many services may be provided during an episode of care, by one or many programs or providers in the BABH provider network. In most instances, an episode of care lasts more than one day or one event and can be months or years long.

What is Point-In-Time?

Point-in-time refers to one time or one day. In this Guide, point-in-time is only used in reference to billable crisis intervention services that occur in one event or on one day, or pre-admission screenings that do not result in an admission. If a person receives crisis services that last more than one event/day or any other kind of BABH network service (regardless of how many events/days), an episode of care type BH-TEDS Record must be used.

Who completes BH-TEDS Records?

Only one person completes BH-TEDS Records for one consumer for one episode of care. Generating BH-TEDS Records is the responsibility of the assigned case holder. If there is no Caseholder, the provider of whatever service was received must fulfill the BH-TEDS reporting responsibility, as described in this section of this Guide.   Only staff assigned Emergency Services responsibilities can generate BH-TEDS Q-Records.

SINGLE EVENT OR DAY OF SERVICE

The program or provider from whom the person received the single day of service is responsible for BH-TEDS reporting, even if the program or provider is not typically a case-holding program (e.g., Emergency Services)

- If the person receives only a billable (reportable) Crisis Intervention contact (i.e., a face-to-face contact lasting 15 minutes or more) or Pre-Admission Screening (i.e., face-to-face, including courtesy screens for other CMHSP's) Emergency Services is responsible for completing the BH-TEDS reporting. ES is also responsible if the person was referred to another BABH provider network service, but did not show for services, since ES provided the first and last billable (reportable) service.

- If the person receives only an assessment (e.g., psychological testing or ABA evaluations) the assessor or another supervisor-designated clinical staff is responsible for BH-TEDS reporting. This includes psychiatric consults on medical floors of hospitals.

SINGLE TYPE OF SERVICE WITH MULTIPLE EVENTS OR DAYS

The program or provider from whom the person receives the service is responsible for BH-TEDS reporting, even if the program or provider is not normally considered a case-holding program (e.g., psychiatric clinic for people receiving medications only or a respite coordinator)

EXTERNAL PROVIDERS

If a primary provider agency (Saginaw Psychological Services, List Psychological Services or MPA Group) is the case holder, they are responsible for BH-TEDS reporting.

STATE HOSPITALS/CENTERS

The Hospital or Residential Liaison (as applicable) is the case holder for people for whom BABH is financially responsible who are in a state hospital/center.

COFR's

The Hospital or Residential Liaison (as applicable, or other designated clinician if a child) is the case holder for people receiving services from BABH for whom another CMHSP is financially responsible (i.e., a COFR arrangement).

OBRA-PASARR

OBRA staff are the case holder, unless another clinical staff is assigned as the case holder, for individuals for whom a BH-TEDS record is required (i.e., those in active treatment/mental health monitoring).

When are BH-TEDS Records Needed?

A point-in-time Q-Record or a BH-TEDS Admission-Update-Discharge Record series is required any consumer for whom BABH is reporting service encounters.

Each person should only have one BH-TEDS episode open at any time, with the following exceptions:

- People in state hospitals/ centers can have two BH-TEDS Admission-Update-Discharge Record series open at the same time; one for BABH services and one for the state hospital's services.
- It is possible to generate a BH-TEDS Q-Record when someone has an open BH-TEDS episode, although it is not required to have both at the same time.

BH-TEDS Records are required for any person who receives any BABH provider network service which is billed to the state (unless listed in the 'When are BH-TEDS Records Not Needed' section of this document), regardless if funded by Medicaid or General Fund.

SINGLE EVENT OR DAY OF BILLABLE (REPORTABLE) SERVICE
- Only an Assessment (including ABA evaluations/testing)
- Emergency Services:
  - Crisis Intervention contact(s) only, if a billable (reportable) contact (i.e., a face-to-face contact lasting 15 minutes or more)
  - Only a Pre-Admission Screening, if billable (reportable) (i.e., face-to-face), even if not approved for hospital admission or crisis residential services. This includes 'courtesy screens' for other counties (BABHA does charge Medicaid and submit an encounter for this service) and psychiatric consults on medical floors of hospitals.
- One day of any other service, without returning for more services

SINGLE TYPE OF SERVICE (MULTIPLE EVENTS OR DAYS)
- Psychiatric Inpatient stays only (see note above regarding the attachment to this Guide)
- Respite Only
- Meds Only
- Jail Services Only

People who only receive services from a primary external provider (i.e., case holder)

OBRA-PASARR

Individuals who have transitioned to active treatment/mental health monitoring only. BH-TEDS records are not required for OBRA-PASARR services if no other service is being received.

COFR

People receiving services through a COFR arrangement with another CMHSP, where BABH is the provider of services and the other CMHSP is financially responsible.

STATE HOSPITAL/CENTER

People receiving treatment in a state hospital/center

HSW

A BH-TEDS episode must be open or a BH-TEDS Admission Record be generated when a person is first enrolled in the Habilitation and Support Waiver (HSW).

When are BH-TEDS Records Not Needed?

BH-TEDS Records are not required for someone receiving a CMHSP service which is not billed to the state. This includes services which are 100% private pay, paid by commercial insurance and/or grant-funded, and no portion of the cost is billed to Medicaid or General and is not required to be included in BABH encounter reports to the state. An example are evaluations on the McLaren Medical floors completed by BABH psychiatrists and billed to McLaren for reimbursement.

SINGLE EVENT OR DAY OF NON-BILLABLE (REPORTABLE) SERVICE

- Access Screening only
- Access Screening with a referral for BABH provider network services, but the person does not show for services (i.e., no billable (reportable) service received)
- Non-billable (reportable) Crisis Intervention contact only
- Non-billable (reportable) Crisis Intervention contact with a referral for BABH provider network services, but the person does not show for services (i.e., no billable (reportable) service received)
- Non-billable (reportable) Pre-Admission Screening only
- Non-billable (reportable) Pre-Admission Screening with a referral for psychiatric inpatient care or crisis residential services, but the person does not show for services (i.e., no billable (reportable) service received)

OBRA-PASARR

Individuals who are not in active treatment/mental health monitoring (i.e., only received OBRA pre-admission/annual resident review(s)).

TRANSFERS

Transfers between programs/providers within the BABH provider network are not BH-TEDS level admissions or transfers. A BH-TEDS Admission, Update or Discharge Record is not required just because of transfers between programs or providers within the BABH provider network.

How-To Generate BH-TEDS Records

BABH case holding direct operated programs and contracted service providers completing their clinical assessments and discharge summaries using Phoenix will be prompted to generate BH-TEDS records automatically.

Emergency services staff completing Pre-Admission Screenings will be prompted to generate BH-TEDS records automatically. This functionality may also be added for face-to-face Crisis Contact Notes.

BABH case holding contracted service providers who do not generate their clinical assessments and discharge summaries using Phoenix must manually complete BH-TEDS records in some instances.

Emergency services staff completing Crisis Contact Notes for billable services (i.e., face-to-face crisis intervention) should also manually complete BH-TEDS records if not prompted.

Several sections of this Guide address BH-TEDS Admission-Update-Discharge Records, which are required for episodes of care. Refer to the section on BH-TEDS Q-Records for information about generating point-in-time records.

BH-TEDS Q-Records (Point-In-Time, Crisis Services Only)

Q-Records are to be used when a person receives point-in-time crisis services only where no open BH-TEDS episode already exists. If a BH-TEDS episode is open, a Q-Record does not need to be completed. Only staff assigned emergency services responsibilities can generate BH-TEDS Q-Records.

Automated Prompting
Users will be automatically prompted in Phoenix to complete a BH-TEDS Q-Record upon completion of a Pre-Admission Screening. This will occur regardless of the disposition of the screening. In all other clinical scenarios, a 'stand-alone' BH-TEDS Q-Record must be completed, using the link titled 'Add a One Time Crisis Event'.

The prompt after completing a Pre-Admission Screening will give the user the option to generate a new BH-TEDS Admission Record (i.e., 'Start a New MH Treatment Episode'), to add a BH-TEDS Q-Record (i.e., 'Add One Time Crisis TEDS Event') and to update an Admission Record (i.e., 'Add TEDS Update Record').

Unless otherwise directed, emergency services staff should <u>not</u> use the 'add TEDS update record' option. Updating BH-TEDS Records is only to be done annually (for people who are in services for that long) and is the responsibility of the assigned case holder.

If Emergency Services staff select the 'Start a New MH Treatment Episode' option, if a BH-TEDS episode is already open, the user will be prompted. **It is not necessary to generate a BH-TEDS Q-Record if a BH-TEDS episode is already open.**

Users will not be prompted or blocked in the EHR from creating multiple Q-Records for the same day, such as might occur if multiple Emergency Services staff provide a billable crisis intervention service for a person on the same day. If a person without an open BH-TEDS episode (and who is not receiving other services) receives multiple billable crisis

intervention services on the same day or over the course of several days, a Q-Record does not have to generated for each event.   If an individual has multiple crisis events (and no other services, i.e., they do not have a regular BH-TEDS Admission record), a Q record only needs to be submitted if it has been more than 90 days since the individuals most recent BHTEDS Q record.

When a crisis occurs for a person without an open BH-TEDS episode and additional services are performed on the same day of the crisis event, a Q-Record is not required or expected. A BH-TEDS Admission Record should be completed instead.

If other services are not performed on the same day as the crisis event, the Q-Record can be generated, then a BH-TEDS Admission Record should be generated for the date of the first billable service after the crisis service.

BH-TEDS Q-Records Minimum Fields

For the BH-TEDS Q-Record many of the BH-TEDS fields will be populated by Phoenix with the correct response for a crisis only record, such as 'Unknown for this Crisis Event'. Some fields still must answered by Emergency Services staff in order to create a Q-Record, as follows:

- Service Start Date and Time of Day
- Time to Treatment
- Referral Source
- Disability Designation(s)
- Prior Treatment Episodes
- Race
- Number of Arrests
- Diagnoses

For guidance regarding how to choose responses to these fields, please see each of these fields in the BH-TEDS Fields and Definitions section later in this document.

BH-TEDS Admission Records

A BH-TEDS Admission Record must be completed for a person when they receive their first billable (reportable) service from the BABH provider network:

- The start date is the date of the first billable (reportable) service.

- Do not create another BH-TEDS Admission Record if a BH-TEDS episode is already open and has not been closed by a BH-TEDS Discharge Record.

If a BH-TEDS episode is already open, and a BH-TEDS Update Record is not due, then no BH-TEDS related documentation is needed. BH-TEDS Update Records should not be generated unless the annual assessment/planning cycle is occurring (see instructions in the next section).

STATE HOSPITALS/CENTERS
BABH is required to complete a separate BH-TEDS Admission Record for a state hospital/center episode of care, in addition to the BH-TEDS Admission Record for the BABH provider network episode of care.

People in state hospitals/centers are the only people who can have two concurrent BH-TEDS episodes.

Automated Prompting
Users will be automatically prompted in Phoenix to complete a BH-TEDS Admission Record when completing the following in Phoenix:

- Upon completion of a Clinical Assessment

- Upon completion of an Assessment for External Providers

- Upon completion of a Pre-Admission Screening. This will occur regardless of the disposition of the screening.

In all other clinical scenarios, a 'stand-alone' BH-Record' must be completed, using the link 'Start a New MH Treatment Episode'.

Stand Alone BH-TEDS Records

In situations where a BH-TEDS Admission Record is not automatically prompted by Phoenix but a BH-TEDS Admission Record is required (and a BH-TEDS episode is not already open) users must complete a BH-TEDS Admission Record using the BH-TEDS link in the Administrative/Finance menu on the Chart Links tab in Phoenix, using the link 'Start a New MH Treatment Episode'.

SINGLE EVENT OR DAY OF BILLABLE (REPORTABLE) SERVICE

The program or provider from whom the person receives the service is responsible for generating a BH-TEDS Admission Record if a BH-TEDS episode is not already open.

If the single event or day of billable service was a crisis service, refer to the section of this Guide addressing BH-TEDS Q-Records (For Point-In-Time Records).   Q-Records can only be used by staff performing emergency services functions for crisis only services lasting one event or one day only.

SINGLE TYPE OF SERVICE (MULTIPLE EVENTS OR DAYS)

The program or provider from whom the person receives the service is responsible for generating a BH-TEDS Admission Record if a BH-TEDS episode is not already open.

EXTERNAL PROVIDERS

If a primary provider agency is the case holder, they are responsible for generating a BH-TEDS Admission Record if a BH-TEDS episode is not already open.

STATE HOSPITALS/CENTERS

The Hospital or Residential Liaison is responsible for generating a BH-TEDS Admission Record for the BABH provider network and one for the state hospital/center, if one or both do not already exist.

COFR's

The Residential Liaison (of other designated clinician if the person is a child) is responsible for generating a BH-TEDS Admission Record if a BH-TEDS episode is not already open.

OBRA-PASARR

OBRA staff is responsible for generating a BH-TEDS Admission Record if one does not already exist for those in active treatment/mental health monitoring.

HSW

At the time a person is enrolled in the HSW, they are already receiving services from the BABH provider network, so the completion of a BH-TEDS Admission Record should not be necessary.

TRANSFERS

Transfers between programs/providers within the BABH provider network are not considered BH-TEDS level changes. BH-TEDS Admission Records are only completed upon admission to the BABH Provider Network.

BH-TEDS Update Records

If an episode of care lasts for more than a year, an annual BH-TEDS Update Record must be generated. BH-TEDS Update Records are required at least annually.

- MDHHS does not require the submission of mid-year BH-TEDS Update Records to reflect interim changes in the person's status.

If a BH-TEDS episode is already open and the user attempts to add second BH-TEDS Admission Record instead of a BH-TEDS Update Record, a caution message will appear to ensure the user knows they are adding a second episode of care.

Automated Prompting

Users will be automatically prompted in Phoenix to complete a BH-TEDS Update Record or to generate another BH-TEDS Admission Record at the following times:

- Upon signing a Clinical Assessment

- Upon signing an Assessment for External Providers

- Upon signing a <u>Pre-Admission Screening</u> if the disposition is "Crisis Residential" or "Inpatient Admission", i.e., an authorization was generated for a service.

Stand Alone BH-TEDS Records

In situations where a BH-TEDS Admission Record is not automatically prompted by Phoenix but a BH-TEDS Admission Record is required (and a BH-TEDS episode is not already open), users must complete a BH-TEDS Admission Record using the BH-TEDS link in the Administrative/Finance menu on the Chart Links tab in Phoenix. There will not be an automatic prompt to complete a BH-TEDS Admission Record when using the link to generate a BH-TEDS Admission Record.

SINGLE TYPE OF SERVICE (MULTIPLE EVENTS OR DAYS)

The program or provider from whom the person receives the service is responsible for generating a BH-TEDS Update Record at least annually if the person remains in service for more than a year.

EXTERNAL PROVIDERS

If a primary provider agency is the case holder, they are responsible for generating a BH-TEDS Update Record at least annually if the person remains in services and the provider remains the case holder for more than a year.

STATE HOSPITALS/CENTER

The Hospital or Residential Liaison (as applicable) is responsible for generating a BH-TEDS Update Record for the BABH provider network and one for the state hospital/center at least annually if the person remains in the state hospital/center for more than a year.

COFR's

The Hospital or Residential Liaison (as applicable, or other designated clinician if the person is a child) is responsible for generating a BH-TEDS Update Record at least annually if the person remains in a COFR arrangement for more than a year.

OBRA-PASARR

OBRA staff is responsible for generating a BH-TEDS Update Record at least annually if the person remains in in active treatment/mental health monitoring a COFR arrangement for more than a year.

HSW

A BH-TEDS Update Record (in addition to any annual update record that may have already been completed) is required at the time a new HSW enrollment packet is being submitted <u>if</u> the BH-TEDS Living Arrangement field and Detailed Residential Care Living Arrangement field (if applicable) do not accurately reflect the living arrangement for the person at the time of the HSW enrollment. For people on the HSW who are not new enrollees, at least an annual BH-TEDS Update Record must be generated, if they remain in services for more than a year.

TRANSFERS

Transfers between programs/providers within the BABH provider network are not considered BH-TEDS level changes, so no BH-TEDS Update Record is required to document the transition in care. A BH-TEDS Update Record should be generated by the case holder if the transition in care causes a change in the status of the Type of Treatment setting or other BH-TEDS fields.

BH-TEDS Discharge Records

A BH-TEDS Discharge Record must be generated when an episode of care with the BABH provider network ends. A BH-TEDS Discharge Record is only required when the person will no longer receive any service from any program or provider in the entire BABH provider network.   A BH-TEDS Discharge Record cannot be completed if a BH-TEDS episode is not already open.

Automated Prompting

- Users will be prompted to generate a BH-TEDS Discharge Record when completing a <u>Discharge Summary</u> in Phoenix.

- When a user from a BABH direct operated program completes a <u>Discharge Summary</u> and a BH-TEDS Discharge Record for a person, that person's admission in Phoenix is also closed (i.e., their record becomes inactive).

- When a user from an External Provider completes a Discharge Summary and a BH-TEDS Discharge Record for a person, that person's admission in Phoenix remains open (i.e., active). The BABH Records Specialist must close the person's admission in Phoenix manually.

Stand Alone BH-TEDS Records

Users must complete a BH-TEDS Discharge Record using the BH-TEDS link in the Administrative/Finance menu on the Chart Links tab in Phoenix in situations where BH-TEDS Records are required and the Discharge Summary is just scanned into (but not generated by) Phoenix.

There will not be an automatic prompt to complete a BH-TEDS Discharge Record.

SINGLE EVENT OR DAY OF BILLABLE (REPORTABLE) SERVICE

If the person receives only one of the following services, the responsible case holder or provider of the single event or day of service (including a psychologist, etc.) must complete a BH-TEDS Admission Record and a BH-TEDS Discharge Record for that single event or date of service:

- Only an Assessment, including a psychiatric consult on a medical floor of a hospital

- A single date or event of any other service, excluding crisis intervention services and pre-admission screenings that do not result in an admission.

If the single event or day of billable service was a crisis intervention service or a pre-admission screening that did not result in an admission, refer to the section of this Guide addressing BH-TEDS Q-Records (For Point-In-Time Records). Q-Records can only be used by staff performing emergency services functions for crisis only services lasting one event or one day only.

SINGLE TYPE OF SERVICE (MULTIPLE EVENTS OR DAYS)

The program or provider from whom the person receives the service is responsible for generating a BH-TEDS Discharge Record.

EXTERNAL PROVIDERS

If a primary provider agency is the case holder, they are responsible for generating a BH-TEDS Discharge Record.

STATE HOSPITALS/CENTERS

The Hospital or Residential Liaison (as applicable) is responsible for generating a BH-TEDS Discharge Record for the state hospital/center episode of care when the person is released from the state hospital/center.

- The episode of care for the BABH provider network should remain open if the person will be transitioning to community based BABH services.

- If the person will not be receiving community based BABH services, BH-TEDS Discharge Records must be completed for both episodes of care.

COFR's

The Hospital or Residential Liaison (as applicable, or other designated clinician if the person is a child) is responsible for generating a BH-TEDS Discharge Record if the person will no longer be receiving services from either another CMHSP or the BABH provider network. If the person is transitioning to other services, no BH-TEDS Discharge Record is required.

OBRA-PASARR

OBRA staff is responsible for generating a BH-TEDS Discharge Record when active treatment/mental health monitoring ends, if the person will not be transitioning to other BABH services. If the person is transitioning to other services, no BH-TEDS Discharge Record is required.

TRANSFERS

Transfers between programs/providers within the BABH provider network are not considered BH-TEDS level changes. No BH-TEDS Discharge Record is required due to a transfer, if services with the BABH provider network are continuing in some form.
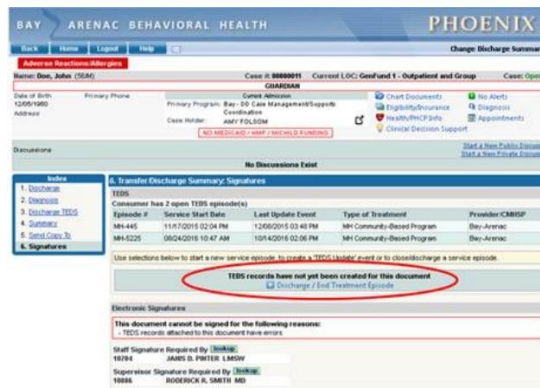
Determining the Date of the BH-TEDS Discharge Record

The BH-TEDS discharge date is the date of the last face-to-face billable (reportable) service by any provider in the BABH Provider Network. For a single date of service, the BH-TEDS Admission Record date and the BH-TEDS Discharge Record date will be the same date.

The date of the BH-TEDS Discharge Record (i.e., the last date a service occurred), the date the Discharge Summary is completed and the end of the Action notice 'warning' period will be different in most instances.

BH-TEDS Discharge Records should not be generated until the action notice warning period has expired.   During the 'warning' period, the person has the right to re-enter services.

When completing the Discharge Summary, do **not** click on the '+' symbol on the Signature page to create a BH-TEDS Discharge Record – see the red circle below. Just sign and complete the summary.

PCE has configured Phoenix so the 'Discharge Date' field on the Discharge Summary – see snip below – is the date that populates the BH-TEDS Discharge Record.

1. Transfer/Discharge Summary: Discharge
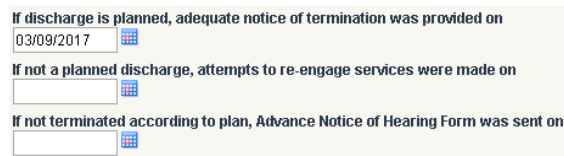
Discharge Date	Admission Date
03/09/2017	02/23/2017

The date entered as the Discharge Date should be the last date a billable (reportable) service was received by the person from any program or provider in the network. Unlike other documents in PCE, the date entered in this instance is NOT the date the document was completed.

> - 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 a Discharge Summary is being completed to end a program assignment, but other services are continuing, the Discharge Date is the date of the last service provided by the program which is ending.

On the summary page of the Discharge Summary, users will be entering the date(s) action notices were provided – see snip below. This will help account for the variances between the end of the action notice service termination warning period, the discharge date and the date the Discharge Summary was completed.

If discharge is planned, adequate notice of termination was provided on
03/09/2017

If not a planned discharge, attempts to re-engage services were made on

If not terminated according to plan, Advance Notice of Hearing Form was sent on

When the Discharge Summary is signed, the date of the signature will capture the date the Discharge Summary was completed – see snip below.

SIGNATURES

Electronically Signed By:
JANIS D. PINTER LMSW   05/08/2017
STAFF SIGNATURE / CREDENTIALS   DATE

Update and Discharge Records on the Same Date

If a Clinical Assessment is completed, including a BH-TEDS Update Record, and the date of the assessment ends up being the person's last day of service, when a Discharge Summary is completed it will create a date conflict. The date of a BH-TEDS Update Record and a BH-TEDS Discharge Record cannot be the same day. In these instances, the Discharge Record has to be dated the day after the Update Record. This is technically the day after the last date of service. This is the only time this disparity is allowed. If you have questions about this, please contact the Help Desk so an EHR Administrator can assist with an administrative over-ride to allow your documentation and records to be completed.

Correcting A BH-TEDS Record

If a BH-TEDS Record is generated and an error is found (i.e. response choices were not accurate as of the date of the record), a BH-TEDS Change Record (not an Update Record) must be generated to correct the mistake.

A BH-TEDS Update Record is only generated when the status of the person has changed or when an annual update is due. Update records are used to provide new information not to correct a mistake in an open BH-TEDS episode.

Please contact the BI Dep't (i.e., call Help Desk) to complete a BH-TEDS Change Record or to delete a BH-TEDS Record if you determine a mistake was made in a BH-TEDS Admission, Update or Discharge Record.

More Information About BH-TEDS Records for COFR Arrangements

Any person for whom BABH has a record in Phoenix is presumed to be the financial responsibility of BABH, unless the record indicates otherwise. A 'COFR' Admission is when BABH is not the county of financial responsibility, i.e., when BABH is providing services and being paid by another CMHSP. The table below can be used as a guide for responses to the COFR related BH-TEDS fields.

BH-TEDS Fields:	BABH is the provider of the services; another CMHSP is the COFR (i.e., paying for the services)	Another CMHSP is the provider of the services; BABH is the COFR (i.e., paying for the services)
County of Residence	Choose Arenac or Bay county	Choose the county in which the person is residing (i.e., another county other than Arenac or Bay county)
Responsible CMHSP	The only response choice is Bay-Arenac (meaning this is a record BABH is generating; this field does not have to do with which CMHSP is paying)	The only response choice is Bay-Arenac (see note to the left)
Is it a COFR Admission	Do select the radio button	Do NOT select the radio button
COFR/Responsible CMHSP	Choose the name of the other CMHSP	(this field will not appear as it is not applicable)

If a record is marked as a 'COFR Admission' when it is not one, the record does not get counted for BH-TEDS reporting. Each CMHSP is required to report BH-TEDS records for between 95% and 100% of the people served. A rationale must be provided to MDHHS for each missing record. Check the COFR Admission box only when another CMHSP is paying BABH to provide services.

BH-TEDS Fields and Definitions

Client Information

Gender

Gender is a Federally defined field limited to response choices of male or female only. As such this field does not include other choices which may be more reflective of a consumer's gender identity or expression. Unfortunately, BABHA is required to select from the two options as best we can. Due to federal field logic limitations, pregnant

individuals must be identified as female, regardless of the person's gender identity or expression. A response choice of male for a person who is pregnant will result in a BH-TEDS error.

Phoenix Assessment Section: 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 (reportable), non-brief-screening (H002), or face-to-face treatment, without any adjustments due to client availability, reschedules etc. (Adjusted time is not reported in BH-TEDS but it is still accounted for when reporting state performance indicators). 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

Description	Detail
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.
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.
Other Health Care Provider	A physician, psychiatrist, nurse, or other licensed health care professional; general hospital; psychiatric hospital; mental health program; or, nursing home.
School (Educational)	A school principal, counselor or teacher; a student assistance program; the school system; or, educational agency.
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.
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: Juvenile Found Incompetent	Court ordered mental health services following a competency evaluation which deemed the juvenile incompetent, unable to be restored due to SED.
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.

Marital status

Description	
Never Married	Includes individuals who are single or whose only marriage was annulled.

Description	
Now married or cohabiting	Includes married couples and those living together as married, living with partners, or cohabiting
Separated	Includes those legally separated or otherwise absent from spouse due to marital discord.
Divorced	
Widowed	
Not collected - Crisis only, unknown, other exception, etc.	Must provide a reason on the field: BH-TEDS Full Record Exception

Consumer or Family Military Service

Description	Detail
Yes	The individual or a family member served in the military regardless of veteran status. Veteran Status is not the focus of this field because an individual may serve in the military (Yes-01) without obtaining veteran status of '1-Veteran'.. (immediate family only: spouse, mother, father, sibling, half-sibling, and child).
No	The individual's family member did not serve in the military
Not applicable for FY17 record submitted in FY18 format.	
Not collected - crisis only, unknown, other exception, etc.	Must provide a reason on the field: BH-TEDS Full Record Exception

Most Recent Military Service Era

Report the most recent era in which the individual served/was in the reserves, regardless of Veteran Status. If an individual served/was in the reserves during more than one military era, report the most recent one.

Description	
WWII	
Korea	
Vietnam	
Desert Storm	
Post 9/11 (OIF/OEF/OND)	
Peace time era	
Not applicable for FY17 record submitted in FY18 format.	
Not applicable – No military service	
Not collected - crisis only, unknown, other exception, etc.	Must provide a reason on the field: BH-TEDS Full Record Exception

Branch Served In

Report the Branch in which the individual served/was in the reserves for the military era reported in the Most Recent Military Service Era field, regardless of Veteran Status.

Description	
Army	
Armed National Guard	
Navy	
Air Force	
Air National Guard	
Marines	
Coast Guard	
Not applicable for FY17 record submitted in FY18 format.	
Not applicable – No military service	
Not collected crisis only, unknown, other exception, etc.	Must provide a reason on the field: BH-TEDS Full Record Exception

Consumer/Family Enrolled In/Connected To VA/Veteran's Resources/Other Support And Service Organizations

Description	Detail
Yes	Consumer or immediate family only: spouse, mother, father, sibling, half-sibling, and child).
No	"
Not applicable for FY17 record submitted in FY18 format.	
Not collected - crisis only, unknown, other exception, etc.	Must provide a reason on the field: BH-TEDS Full Record Exception

Phoenix Assessment Section: RESOURCES

Education (Level)

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' does not include BABH's direct operated and contracted skill building programs.

- Report the highest school grade completed; 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 report the equivalent grade level.
- 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

Description	Detail
No Schooling or Less Than One School Grade	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.
Nursery school, Pre-school, or Head Start	Nursery school is s a group or class organized to provide educational experiences during the year(s) preceding kindergarten. It includes instruction as an integral phase of its program. It can be full or half-day. Private homes in which primarily custodial care is provided are not considered nursery schools.
Kindergarten	
Self-contained Special Education Class – No Grade Level Equivalent	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.
Grade 1	
Grade 2	
Grade 3	
Grade 4	
Grade 5	
Grade 6	
Grade 7	
Grade 8	
Grade 9	
Grade 10	
Grade 11	
Grade 12 or GED	
1 Year of College/University	

Description	Detail
2 Years of College/University or Associate Degree	
3 Years of College/University	
4 Years of College/University or Bachelor's Degree	
Graduate or professional school	
Vocational School	
Not Collected - crisis only, unknown, other exception, etc.	Must provide a reason on the field: BH-TEDS Full Record Exception

Currently in Mainstream Special Education

Description	
Yes	Individual is receiving special education services within a mainstream classroom
No	Individua is not receiving special education services within a mainstream classroom
N/A	Individual is not school age
Not collected– crisis only, unknown, other exception, etc.	Must provide a reason on the field: BH-TEDS Full Record Exception

School Attendance Status

Description	
Yes	Individual has attended school at any time in the last 3 months. • Only applicable if age 3-17, or 0-26 and in special education. Does not apply to non-special education adults attending college, trade school, etc. • Answer based upon the school schedule. If the child is out of school for the summer, but **did** attend when they were supposed to, choose 01-Yes • School' in this instance does not include BABH's direct operated or contracted skill building or 'vocational' programs.
No	Individual has not attended school at any time in the last 3 months. • Only applicable if age 3-17, or 0-26 and in special education. Does not apply to non-special education adults attending college, trade school, etc. • Answer based upon the school schedule. If the child is out of school for the summer, but **did not** attend when they were supposed to, choose 02-No • School' in this instance does not include BABH's direct operated or contracted skill building or 'vocational' programs.
N/A	Individual is not aged 3-17; or aged 00-26 and protected by IDEA.
Not collected - crisis only, unknown, other exception, etc.	Must provide a reason on the field: BH-TEDS Full Record Exception

Employment Status

Description	Detail
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. • Includes self-employment (if 35 hrs or more per week, in integrated setting, making at least minimum wage)
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. • Includes self-employment (if less than 35 hrs/wk, in integrated setting, making at least minimum wage)
Unemployed	Individual who has looked for work during the past 30 days or on a layoff from a job
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 (over 16 years of age), 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). • Includes self-employment not working in an integrated environment or not making at least minimum wage
Not Applicable	Individual is under 16 years of age.

Examples:

- Someone who delivers newspapers or sells Avon or product(s) they make to family, friends, general public (i.e. craft fair booth, personal visits) who's netting the equivalent of at least minimum wage for hours spent would considered competitively employed in an integrated setting.
- Person who makes products at home while someone else integrating within the community would be a not integrated, so would not be CIE.
- An individual who makes products, but net profit equates to $2.50/hour is not making competitive wages, so would not be CIE.

Detailed 'Not in Competitive, Integrated Labor Force

Description
Homemaker
Student
Retired
Individual's current disability symptoms prevents him/her from competitively or non-competitively working or seeking work.
Receiving services from institutional facility such as hospital, jail, prison, long-term residential care, etc.
Participates in sheltered workshop
Discouraged worker
Unpaid volunteering and community service
Micro-Enterprise/ Self-employment netting <minimum wage/ Self-employment in a primarily non-integrated setting
Participates in enclave, mobile crew, or agency-funded transitional employment
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. • Includes when CLS staff take an individual to community-based activity (i.e., shopping)
Participates in a community-based activity program that takes place in an integrated setting and includes engagement with members of the general community • Includes when an individual participates in a community-based, integrated program such as a community bowling league, softball league, club, etc. where the majority of the people participating do not have disabilities.
Not applicable as Employment Status is coded 01, 02, or 03.
Not applicable as the individual is under 16 years of age.

- If the individual is engaged in more than one activity, report paid activities over non-paid activities.
- If the individual participates in more than one non-paid activity, report the activity where the individual spends the most time.

Work/Task Hours

Identifies the number of hours in the past two (2) weeks that the individual performed work/tasks specific to the Employment Status reported: full-time competitive, integrated employment; self-employment primarily in an integrated setting earning at least minimum wage, part-time competitive, integrated employment; unemployed but looking for competitive, integrated employment; student; unpaid volunteering or community service; micro-enterprise/self-employment earning less than minimum wage/self-employment primarily in a non-integrated setting; enclave/transitional employment; sheltered non-competitive employment; facility-based (disability specific) activities; community-based activities in a fully integrated setting.

Value	Description	
nnn	Reported number of hours, in the past two weeks, that the individual performed work/tasks specific to Employment Status 01, 02, 03 OR Employment Status 04 with Detailed not in Labor Force of 02, 07, 61, 62, 63, 64 or 65. For <u>Employment Status 03: Unemployed but looking for competitive, integrated employment</u> – Enter the number of hours the individual spent looking for work in the past two (2) weeks. For Employment Status 04 Not in Competitive, Integrated Labor Force AND Detailed Not In Competitive, Integrated Labor Force of: 02 Student – Enter the number of hours the individual spent in class and doing homework in the past two (2) weeks.	

Value	Description	
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. Includes individuals under 16 years of age	
998	Not collected– crisis only, unknown, other exception, etc.	Must provide a reason on the field: BH-TEDS Full Record Exception

Earning per Hour

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

Value	Description	
dd.cc	Reported hourly rate, in the past two weeks, that the individual performed work/tasks specific to Employment Status 01, 02, 03 OR Employment Status of 04 with Detailed not in Labor Force of 02, 07, 61, 62, 63, 64 or 65. • For Employment Status 03: Unemployed but looking for competitive, integrated employment – For hourly rate, 00.00 is expected. • For Employment Status 04 – Not in Competitive, Integrated Labor Force AND Detailed Not In Competitive, Integrated Labor Force of 02 Student and 61 Unpaid volunteering, community service, etc. – 00.00 is expected	
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.	
98.98	Not collected – crisis only, unknown, other exception, etc.	Must provide a reason on the field: BH-TEDS Full Record Exception

Minimum Wage

Description	
Individual is currently earning minimum wage or more, Minimum wage: • $8.90= minimum hourly wage • $3.38= tipped employee hourly wage rate • $4.25 = training wage for first 90 days of employment of individuals 16-19 years of age • $7.86= minors' (16-17 years old) minimum hourly wage	
Individual is currently earning less than minimum wage.	
Individual is not working.	
Not collected – crisis only, unknown, other exception, etc.	Must provide a reason on the field: BH-TEDS Full Record Exception

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 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. 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

Description	
Number of dependents utilized in calculating 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).
	Report one (1) for state wards.
	Number of Dependents should never be zero (0).
Not collected – crisis only, unknown, other exception, etc.	Must provide a reason on the field: BH-TEDS Full Record Exception

Enrollment in SDA, SSI or SSDI

Description	Detail
Yes	Enrolled in SDA, SSI and/or SSDI
No	Not enrolled in SDA, SSI and/or SSDI
Not collected – crisis only, unknown, other exception, etc.	Must provide a reason on the field: BH-TEDS Full Record Exception

Living Arrangement

Description	Detail
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 [i.e., not receiving CLS services]. 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 or controlled by the PIHP, CMHSP, or Contracted Provider	Individual living in a private residence alone, with a spouse, or non-relatives [and receiving CLS services]. The private residence is not owned or controlled by the PIHP, CMHSP, or Contracted Provider. (Use when an individual can choose from among other options who will provide services and supports to them in their setting)
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 and/or controlled by the PIHP, CMHSP, or Contracted Provider	Individual living in a private residence alone, with a spouse, or non-relatives [and receiving CLS services]. The private residence is owned and/or controlled by the PIHP, CMHSP or Contracted Provider. (Use if an individual may experience restriction of choice of who will provide services and supports to them. The individual accepts that the services will be provided by the provider or owner of the setting).
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, veteran's affairs hospitals, Intermediate Care Facilities/MR, or state hospitals.

Description	Detail
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.

Phoenix Assessment Section: LEGAL

Corrections Related Status

Description	Detail
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	BABH Note: 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	BABH Note: Use this response choice for individuals found Incompetent to Stand Trial (IST) or Not Guilty by Reason of Insanity (NGRI)
Not collected - crisis only, unknown, other exception, etc.	Must provide a reason on the field: BH-TEDS Full Record Exception

Number Arrests in Past 30 Days

Description	Detail
Number of separate arrests in the past 30 days	(Or since Service Start or the most recent Update, whichever is sooner).
Not collected - crisis only, unknown, other exception, etc.	Must provide a reason on the field: BH-TEDS Full Record Exception

Phoenix Assessment Section: SUBSTANCE USE DISORDERS

Substance Use Problem

(Called '**Substance Use Chart**' in Phoenix; includes primary, secondary and tertiary)

Description	Detail
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

Description	Detail
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
Not collected – crisis only, unknown, other exception, etc.	Only available for Secondary and Tertiary Substance Abuse Problem fields on mental health records; Must provide a reason on the field: BH-TEDS Full Record Exception

- 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" can only be selected ONCE; if selected multiple times, it will generate an error.

- Also, MDHHS is no longer allowing nicotine and caffeine addictions to be listed under the "other Drugs' category of the 'Substance Use Chart'. It is recommended that staff/providers completing their Clinical Assessments in Phoenix use the 'Other Addictions' open text box to document caffeine addiction and the 'Use of Tobacco Products' field to document a nicotine addiction. (These fields are not available in the Phoenix Assessment for External Providers.)

- BH-TEDS Update Records can reflect that an SUD diagnosis has been added since the BH-TEDS episode was opened. However, the responses to 'Co-Occurring Disorder/Integrated Substance Use and Mental Health Treatment' can no longer be response Value 02 "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."

Route of Administration

Description	Detail
Oral	
Smoking	
Inhalation	
Injection	Includes intravenous, intramuscular, intradermal, or subcutaneous.
Other	
Not Applicable	
Not collected – crisis only, unknown, other exception, etc.	Only available for Secondary and Tertiary Substance Abuse Problem fields on mental health records; Must provide a reason on the field: BH-TEDS Full Record Exception

Frequency of Use

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.

Description	Detail
No Use in the Past Month	
Used on 1-3 days in the Past Month	
Used on 1-2 days in the Past Week	
Used on 3-6 days in the Past Week	
Daily	

Description	Detail
Not Applicable – when related Substance Use Problem is 01-None	
Not collected – crisis only, unknown, other exception, etc..	Only available for Secondary and Tertiary Substance Abuse Problem fields on mental health records; Must provide a reason on the field: BH-TEDS Full Record Exception

Age at First Use

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
98	Not collected – crisis only, unknown, other exception, etc.	Only available for Secondary and Tertiary Substance Abuse Problem fields on mental health records; Must provide a reason on the field: BH-TEDS Full Record Exception

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]

CMHSP's must 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 service/ support plan for the consumer, choose "No".

- "n/a" is not a valid response if an opioid has been selected as a substance

Description	Detail
Yes	Opioid medications such as methadone, buprenorphine vivotrol, suboxone, or naltrexone will be part of the individual's treatment plan.
No	Opioid medications such as methadone, buprenorphine vivotrol, suboxone, or naltrexone will NOT be part of the individual's treatment plan.
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

Indicates the frequency of attendance at an SUD or co-dependent self-help group in the 30 days or since Service Start/Most recent Update, whichever is sooner.

If the Co-Occurring Disorder/Integrated Substance Use and Mental Health Treatment field (see the Assessment Summary section of this Guide) is marked:

- Yes - this self-help group field should be answered using one of the response choices 'No Attendance' through 'At least 4 times per week'
- No - this self-help group field should be answered 'Not collected'
- Client with Co-Occurring. . . - this field should be answered using Values 01-05 or 98

Description	Detail
No Attendance	

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[1] From MDHHS BH-TEDS Q&A document.

Description	Detail
Less than once a week	1 – 3 times in the past 30 days
About once a week	4 – 7 times in the past 30 days
2 to 3 times per week	8 – 15 times in the past 30 days
At least 4 times per week	16 – 30 or more times in the past 30 days
Not collected	For MH records (M, E, U) without integrated treatment only

Phoenix Assessment Section: DIAGNOSIS

LOCUS Composite Score and Assessment Date

Description	
Score from last Assessment	Score and date are auto-filled by Phoenix based on the current LOCUS completed
Not applicable (Adult will/did not receive MI Services or child with SED).	Not applicable (Adult will/did not receive MI Services, an individual under age 21 with SED, an individual under age 21 who received a CAFAS or PECAFAS, an individual receiving SUD services whose Level of Care was determined following the ASAM criteria, an individual with I/DD whose Level of Care was determined by the SIS.
Not collected – crisis only, unknown, other exception	Must provide a reason on the field: BH-TEDS Full Record Exception; use for administrative pre-admission screenings completed by ES/Access staff

LOCUS Assessment Date

This field is auto-filled by Phoenix based upon the date of the last LOCUS.

Phoenix Assessment Section: ASSESSMENT SUMMARY

Disability Designations

The diagnosis must be provided by a licensed clinician, who may or not be directly employed by the CMHSP or provider, operating within his/her scope of practice (i.e. psychiatrist, family physician, neurologist, etc.) and a copy of the diagnosis must be available in the individual's chart.

I/DD Designation

Identifies whether the individual meets Michigan's Mental Health Code Definition of Developmental Disability, regardless of whether s/he receives services from the I/DD or MI service arrays.

- 'Yes' indicates the individual has a documented severe, chronic condition meeting the Michigan Mental Health Code Definition of Developmental Disability. The evaluation itself does not have to be performed by the BH-TEDS reporting agency.
- 'No' indicates the individual does not have a documented severe, chronic condition meeting the Michigan Mental Health Code Definition of Developmental Disability.
- 'Not evaluated' indicates the BH-TEDS reporting agency does not know if there is documentation that the individual has a severe chronic condition meeting the Michigan Mental Health Code Definition of Developmental Disability. Not evaluated is not allowed on BH-TEDS Update or Discharge Records.

MI or SED Designation

Disability Designations are 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).   A 'Yes' response does not speak to severity, as that is handed in the Detailed SMI/SED Status. 'Yes' is utilized for the entire mild to severe spectrum.

- 'Yes' indicates the individual has an MI DSM Diagnosis exclusive of intellectual disability, developmental disability, or substance use disorder OR has a Serious Emotional Disturbance. 'Yes' does not speak to severity as that is handled in the Detailed SMI/SED Status. 'Yes' is utilized for the entire mild to severe spectrum. This designation does NOT have to be made as a result of the CMHSP's or provider's evaluation; however, the

diagnosis must be provided by a licensed clinician, who may or not be directly employed by the CMHSP 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. Not evaluated is not allowed on BH-TEDS Update or Discharge Records.

Detailed SMI or SED Status

Identifies whether the individual has been evaluated and meets Michigan's Mental Health Code Definition of Mental Illness or Serious Emotional Disturbance, regardless of whether s/he receives services from the I/DD or MI service arrays. People served by the BABH provider network are (typically) expected to meet criteria for SMI or SED. Not evaluated is not allowed on BH-TEDS Update or Discharge Records.

Primary Designation

This is a BABH custom field and is not part of the statewide BH-TEDS data collection system. This field will only appear if a 'Yes' response has been chosen for both the I/DD Designation field AND the MI or SED Designation field. Indicate which is the primary designation, based upon the type of services that are needed. If a mix of services are needed, then choose a response based upon whether the majority of the services are I/DD or SMI/SED based upon the cost. For example, someone who attends Do-All twice a month but is in ACT, would be considered primarily SMI/SED.

Description	Detail
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.
SED	Individual, under age 18 21, has a Serious Emotional Disturbance as defined in the current Michigan Mental Health Code.
Neither SMI nor SED	Individual does not meet the current Mental Health Code Definition of Serious Mental Illness or have an SED DSM diagnosis.
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.

Examples of Disability Designation Field Response Choices

Please use the following examples when choosing responses to the disability designation fields:

	Phoenix Fields			
	I/DD Designation	MI or SED Designation	Detailed SMI or SED Status	Primary Designation
I/DD	Yes	No	Neither SMI nor SED	[field will not appear]
I/DD Co-Occurring w/ SMI, most services are/will be I/DD based on cost	Yes	Yes	SMI	DD
I/DD Co-Occurring w/ SED, most services are/will be I/DD based on cost	Yes	Yes	SED	DD
SED	No	Yes	SED	[field will not appear]
SED, Co-Occurring w/ I/DD, most services are/will be SED based on cost	Yes	Yes	SED	MI
SMI	No	Yes	SMI	[field will not appear]
SMI, Co-Occurring w/ I/DD, most services are/will be SMI based on cost	Yes	Yes	SMI	MI

Co-Occurring Disorder/Integrated Substance Use and Mental Health Treatment

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.

Description
Yes, client with co-occurring substance use and mental health problems is being treated with an integrated treatment plan by an integrated team. The IPOS must have both SUD and MH related goals and be managed by a single entity; if so, this includes: • COD-IDDT evidence-based services provided by a CMHSP (or its contracted MH service providers) • MH and SUD Services provided by an SUD Licensed CMHSP direct operated program or contracted service provider • MH and SUD Services provided by SUD Licensed CMHSP or contracted service provider staff
No, client does NOT have a co-occurring substance use and mental health problem
Client with co-occurring substance use and mental health problems is NOT currently receiving integrated treatment. Choose this response if the SUD is not being treated or if it is being treated but through two separate IPOS (i.e., there is not a single integrated treatment plan addressing both SUD and MH goals)
Not applicable due to FY17 record submitted in FY18 format. Available on Update/Discharge record only.

Phoenix Assessment Section: SIGNATURE

BABH Note: 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

BABH Note: 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.

Description
Yes, female pregnant on the date service started
No, female NOT pregnant on the date service started
N/A – Male adult or prepubescent child
Not collected – crisis only, unknown, other exception, etc.

Type of Treatment Setting

Description	Detail
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. • **Always use this field unless an admission to a state center or received an assessment only.**

Description	Detail
Residential Treatment Center	NEVER USED BY CMHSP's; 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	NEVER USED BY CMHSP's; MH services in private or medical settings licensed and/or contracted through the State Mental Health Authority (MDHHS).
Institutions Under the Justice System	NEVER USED BY CMHSP's: Mental health services provided in jails, prisons, juvenile detention centers, etc.
MH Assessment only	MH individuals receiving assessment or evaluation services only.

BH-TEDS Full Record Exception

This field is not required for a BH-TEDS Q-Record.

For all other BH-TEDS Records if a response choice of 'Not collected (crisis only, unknown, other exception, etc) is selected for any of field, the 'BH-TEDS Full Record Exception' field must be completed to justify the exception. This is the field we indicate why we could not collect all of the BH-TEDS data.

Description	Detail
No	
Yes, 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.
Yes, School Prevention Services Only	
Yes, Family Subsidy Services Only	
Yes, Early-On Services Only	
Yes, Assessment Only	Use if a person will only receive an assessment; this includes a face-to-face Pre-Admission Screening where psychiatric inpatient admission is denied, and no other services are being received)
Yes, Other (and record the reason in the text box)	BABH must report on a quarterly basis the 'Other' reasons for not reporting a full BH-TEDS Record – **MAY ONLY BE USED SPARINGLY PER FEDERAL REPORTING STANDARDS** - May be used by ES/Access staff if a person receives more service than just crisis intervention or a pre-admission screening (such as a psychiatric inpatient stay), but due to their degree of psychiatric decompensation are unable to provide information for all BH-TEDS fields.
Not applicable for FY17 record submitted in FY18 format.	Can be used for BH-TEDS Records being created after 10/1/17 which have start/ end dates which are prior to 10/1/17. This avoids errors due to changes in BH-TEDS fields or responses for FY18 which were not collected back in FY17.

Reason for Service Update/Discharge

This field is not required for a BH-TEDS Q-Record.

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

Description	Detail
Treatment Completed	Substantially all parts of the treatment plan or program were completed, and the individual is not transferring on to another level of care or treatment provider (in the BABH provider network; only use if the individual will no longer be receiving services from any service provider in the BABH provider network). • 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

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[2] From MDHHS BH-TEDS Q&A document.

Description	Detail
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. • 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
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. • 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.
Transferring to Another Program or Facility/ Completed Level of Care	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. • Use when discharging from our provider network and referring to an SUD provider. • Use when discharging from our provider network and referring to another CMHSP in a planned manner. • Does not refer to transfers between programs within the BABH contracted and direct operated provider network • 34Use 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
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.
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. • Use if being discharged because the consumer is jailed or imprisoned and the admission in Phoenix is being closed
Death	The death of the individual receiving behavioral health services.
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. • 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 • Do not use for planned discharges to another CMHSP
N/A – Update Record	Utilized for Update records only