# MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES

**Behavioral Health Treatment Episode Data Set (BH-TEDS)** 

File Specifications for PIHP Regional Entities

**FY 2016** 

## **BH-TEDS Service Start File Format**

NOTE: Any errors on the HDDR or TRLR record will cause the entire file to reject and be returned to the appropriate submitter via the Data Exchange Gateway (DEG) via the 4823 file.

#### **BH-TEDS Service Start Header Format**

Field Name	Туре	Size	Begin	End	Comments	
EDI TYPE	Text	4	1	4	"HDR"	
EDI APP	Text	2	5	6		
EDI USER						
EDI USER - prefix	Text	3	7	9	"DCH"	
EDI USER - PIHP ID	Text	4	10	13	Service Bure	eau ID/DEG Mailbox
EDI USER - suffix	Text	1	14	14	Blank	
EDI TRANSFER DATE	Text	8	15	22	YYYYMMDE	)
EDI TRANSFER TIME	Text	4	23	26	ННММ	
EDI FILE NAME	Text	4	27	30	4823	
EDI RUN TYPE					Code	Description
	Text	1	31	31	Р	Production
					Т	Test
EDI BATCH IDENTIFIER	Text	3	32	34	Unique batch identifier assigned by PIHP	
FILLER	Text	277	35	311		

# **BH-TEDS Service Start Input File Format**

Field ID	Field Name	Туре	Size	Begin	End		Comments					
NOTE: A	OTE: A Service Start Record is stored using the following key values: Payer ID, State Provider Identifier, Unique PIHP Person Identifier, Social Security Number, Service Start Date, and Service Start Date Time of Day.											
						Code	Description					
A001	Client Transaction Type	Text	1	1	1	А	Initial Service Start Record (SA)					
						М	Initial Service Start Record (MH)					
						Code	Description					
						Α	Add					
A002	System Transaction Type	Text	1	2	2	С	Change					
						D	Delete					
						E	Error Erase					
						Code	Description					
						1182841	Salvation Army-Harbor Light					
						2813621	NorthCare Network					
						2813628	Northern MI Regional Entity					
						2813626	Lakeshore Regional Entity					

Field ID	Field Name	Туре	Size	Begin	End		Comments
4000	D 10	<b>-</b> .	_			2813623	Southwest Michigan Behavioral Health
A003	Payer ID	Text	7	3	9	2813625	Mid-State Health Network
						2813627	CMH Partnership of SE MI
						2813629	Detroit Wayne MH Authority
						1183015	Oakland County CMH Authority
						1183006	Macomb County CMH Services
						2813624	Region 10
1004	0	+ .	_	40	40	CMHSP ID f	or MH records
A004	State Provider Identifier	Text	7	10	16	6 digit LARA	license preceded by a zero for SA records
A005	Unique PIHP Person Identifier	Text	11	17	27		
						Code	Description
A006	Social Security Number	Text	9	28	36	nnnnnnnn	Individual's actual social security number
7000	Godal Geculty Number	TOX	3	20	30	999999997	Refused to provide
						99999998	N/A - Individual does not have a social security number
A007	Medicaid ID	Text	10	37	46	ID regardles	s of current eligibility; otherwise, blank
A008	MIChild ID	Text	10	47	56	If no ID, leav	ve blank
A009	Medicare ID	Text	11	57	67	If no ID, leav	ve blank
						Code	Description
A010	SDA, SSI, SSDI Enrolled	Text	1	68	68	1	Yes
						2	No
A011	Service Start Date	Text	8	69	76	MMDDYYYY	,
A012	Service Start Date Time of Day	Text	4	77	80	HHMM - mili	tary time
A013	Time to Treatment	Text	3	81	83	Number of d face treatme	lays between first contact/request for service and the first face-to- ent.
						Code	Description
						01	Individual
						02	Alcohol/drug abuse care provider
A014	Referral Source	Text	2	84	85	03	Other health care provider
A014	Referral Source	Text	2	04	05	04	School (Educational)
						05	Employer/Employee Assistance Program (EAP)
						06	Other community referral
						07	Court/criminal justice referral/DUI/DWI
						Code	Description
						01	Federal/State court (i.e. Circuit, District, Probate)
						02	Other court (i.e. Municipal)
						03	Probation/parole
A015	Detailed Criminal Justice Referral	Text	2	86	87	04	Other recognized legal entities (i.e. local law enforcement, corrections, youth services, review board/agency)
						05	Diversionary program
						06	Prison
i l				I		07	DUI/DWI

A017 Codependent/Collateral Person Served  Text 1 90 90 1 Codependent/Collateral individual  Code Description  1 Codependent/Collateral individual  2 Client  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 SMI  SED  4 Neither SMI nor SED  7 Not evaluated OR is an SUD (A) record without integrated treatment  Code Description  1 SMI  Code Description  2 SED  4 Neither SMI nor SED  7 Not evaluated OR is an SUD (A) record without integrated treatment  Code Description  0 O previous episodes  1 1 previous episodes  1 1 previous episodes	Field ID	Field Name	Туре	Size	Begin	End		Comments
A016 Type of Treatment Service Setting  A016 Type of Treatment Service Setting  Text  2 88 89 89 72 State psychiatric hospital  Type of Treatment Service Setting  Text  2 88 89 72 State psychiatric hospital  Type of Treatment Service Setting  Text  3 State Mental Health Agency funded/operated community-  Absolutiony- intensive outpatient  Ambulatory- intensive outpatient  Text  1 90 90 State Mental Health Agency funded/operated community-  Need of Sander Intensive outpatient  Text  1 90 90 State Mental Health Agency funded/operated community-  Need of Sander Intensive outpatient  Text  1 90 90 State Mental Health Agency funded/operated community-  Need of Sander Intensive outpatient  Text  1 90 90 State Mental Health Agency funded/operated community-  Note evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 SMI  2 SED  4 Neither SMI nor SED  7 Not evaluated Or is an SUD (A) record without integrated retainent  Code Description  1 previous episodes  1 previous episodes							08	Other
A016   Type of Treatment Service Setting							96	Not Applicable
A016   Type of Treatment Service Setting							Code	Description
A016 Type of Treatment Service Setting  Text  2 88 89 72 State psychiatric hospital  73 State psychiatric hospital  74 Residential treatment center  75 Other psychiatric inpatient  76 Institutions under the justice system  87 Served  A017 Codependent/Collateral Person  A018 VIDD Designation+B127  A018 VIDD Designation  Text  1 90 90  A020 Detailed SMI/SED Status  Text  1 93 93  A020 Detailed SMI/SED Status  Text  1 93 93  A021 Prior Treatment Episodes  Text  1 94 94  A022 Prior Treatment Episodes  Text  1 94 94  A024 Prior Treatment Episodes  Text  1 94 94  A026 Prior Treatment Episodes  Text  1 94 94  A027 Prior Treatment Episodes  Text  1 94 94  A028 Prior Treatment Episodes  Text  1 94 94  A029 Prior Treatment Episodes  Text  1 94 94  A020 Prior Treatment Episodes  Text  1 94 94  A021 Prior Treatment Episodes  Text  A022 Prior Treatment Episodes  Text  A023 Prior Treatment Episodes  Text  A024 Prior Treatment Episodes  Text  A025 Prior Treatment Episodes  Text  A026 Prior Treatment Episodes  Text  A027 Prior Treatment Episodes  Text  A028 Prior Treatment Episodes  Text  A029 Prior Treatment Episodes  Text  A020 Prior Treatment Epi							02	Detoxification, 24 hour service, free-standing residential
A016 Type of Treatment Service Setting  Text  2 88 89 89 72 State psychiatric hospital  Text  2 88 89 89 72 State psychiatric hospital  Text  3 State Mental Health Agency funded/operated community-based program  74 Residential treatment center  75 Other psychiatric inpatient  76 Institutions under the justice system  96 SA codependent/Collateral Individual served OR MH individual receiving assessment, evaluation, or screening only.  Code Description  A017 Codependent/Collateral Person  A018 I/IDD Designation+B127  Text  1 91 91 91 Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 Provious episodes  1 1 previous episodes  1 1 previous episodes  1 1 previous episodes  1 1 previous episodes							04	Rehabilitation/residential - short term (30 days or fewer)
A016 Type of Treatment Service Setting  Text  2 88 89 89 72 State psychiatric hospital  73 State Mental Health Agency funded/operated community-  8 88 89 72 State psychiatric hospital  73 State Mental Health Agency funded/operated community-  8 88 89 72 State psychiatric hospital  74 Residential treatment center  75 Other psychiatric inpatient  76 Institutions under the justice system  86 Acodependent/Collateral Individual served OR MH individual receiving assessment, evaluation, or screening only.  8 Code  8 Description  1 Codependent/Collateral Individual  2 Client  Code  9 Description  1 Yes  2 No  3 Not evaluated  Code  9 Description  1 Yes  2 No  3 Not evaluated  Code  9 Description  1 Yes  2 No  3 Not evaluated  Code  9 Description  1 Yes  Code  1 Yes  2 No  3 Not evaluated  Code  9 Description  1 SMI  A020 Detailed SMI/SED Status  Text  1 93 93 93 2 SED  4 Neither SMI nor SED  7 Not evaluated OR is an SUD (A) record without integrated treatment  Provious episodes  1 1 previous episodes  1 1 previous episodes  1 1 previous episodes  1 1 previous episodes							05	Rehabilitation/residential - long term (more than 30 days)
Type of Treatment Service Setting  Text  2 88 89 72 State psychiatric hospital  Text  3 State Mental Health Agency funded/operated community- based program  74 Residential treatment center  75 Other psychiatric inpatient  76 Institutions under the justice system  86 SA codependent/Collateral individual served OR MH individual receiving assessment, evaluation, or screening only.  Codependent/Collateral Person  87 Served  Code Description  A018 I/DD Designation+B127  Text  1 91 91  Text  1 92 92  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 SMI  Code Description  1 SMI  Code Description  1 SMI  SED  Not evaluated  Code Description  1 SMI  Code Description  2 SED  Not evaluated OR is an SUD (A) record without integrated insulation.							06	Ambulatory - intensive outpatient
A018 Type of Treatment Service Setting  Text  2 88 89 72 State psychiatric hospital  3 State Mental Health Agency funded/operated community-based program  74 Residential treatment center  75 Other psychiatric inpatient  76 Institutions under the justice system  96 SA codependent/Collateral Individual served OR MH Individual receiving assessment, evaluation, or screening only.  Code Description  A018 I/DD Designation+B127  Text  1 91 91  A019 MI/SED Designation  Text  1 92 92  A020 Detailed SMI/SED Status  Text  1 93 93  Text  1 94 94  A021 Prior Treatment Episodes  Text  1 1 94 94  A021 Prior Treatment Episodes  Text  1 1 94 94  A021 Prior Treatment Episodes  Text  1 1 94 94  A021 Prior Treatment Episodes  Text  1 1 94 94  A021 Prior Treatment Episodes  Text							07	Ambulatory - non-intensive outpatient
A018   MI/SED Designation + B127							08	Ambulatory - detoxification
A017   Codependent/Collateral Person   Text   1   90   90   90   90     Code   Description	A016	Type of Treatment Service Setting	Text	2	88	89	72	State psychiatric hospital
A017 Codependent/Collateral Person Served  Text 1 90 90 1 Codependent/Collateral individual served OR MH individual Code Description  A018 I/DD Designation+B127 Text 1 91 91 91 Code Description  A019 MI/SED Designation  Text 1 92 92 P2 Code Description  1 Yes 2 No 3 Not evaluated  Code Description  1 Yes 2 No 3 Not evaluated  Code Description  1 Yes 2 No 3 Not evaluated  Code Description  1 SMI  SMI  2 SED  4 Neither SMI nor SED 7 Not evaluated OR is an SUD (A) record without integrated treatment treatment feritation of the provious episodes  A021 Prior Treatment Episodes Text 1 94 94 94							73	
A017 Codependent/Collateral Person Served  Text 1 90 90 1 Codependent/collateral individual served OR MH individual served OR MH individual served OR MH individual served OR MH individual receiving assessment, evaluation, or screening only.  Code Description  1 Codependent/collateral individual 2 Cilent  Code Description  1 Yes 2 No 3 Not evaluated  Code Description  1 Yes 2 No 3 Not evaluated  Code Description  1 Yes 2 No 3 Not evaluated  Code Description  1 SMI  SED Designation  Text 1 93 93 93 Patient SMI in SED 4 Neither SMI nor SED 4 Neither SMI nor SED 5 Text Integrated individual cerevious episodes 1 1 previous episodes 1 1 previous episodes 1 1 previous episodes							74	Residential treatment center
A017   Codependent/Collateral Person   Text   1   90   90   1   Codependent/Collateral individual served OR MH individual receiving assessment, evaluation, or screening only.							75	Other psychiatric inpatient
A017 Codependent/Collateral Person Served  Text 1 90 90 1 Codependent/Collateral individual  Code Description  1 Codependent/Collateral individual  2 Client  Code Description  1 Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 Yes  2 No  3 Not evaluated  Code Description  1 SMI  SED  4 Neither SMI nor SED  7 Not evaluated OR is an SUD (A) record without integrated treatment  Code Description  1 SMI  Code Description  2 SED  4 Neither SMI nor SED  7 Not evaluated OR is an SUD (A) record without integrated treatment  Code Description  0 O previous episodes  1 1 previous episodes  1 1 previous episodes							76	Institutions under the justice system
A017   Codependent/Collateral Person   Text   1   90   90   1   Codependent/collateral individual   2   Client							96	SA codependent/collateral individual served OR MH individual receiving assessment, evaluation, or screening only.
A018   I/DD Designation+B127							Code	Description
A018   I/DD Designation+B127	A017		Text	1	90	90	1	Codependent/collateral individual
A018   I/DD Designation+B127		Corved					2	Client
A018 I/DD Designation+B127  Text 1 91 91 2 No 3 Not evaluated  Code Description  1 Yes 2 No 3 Not evaluated  Code Description  1 Yes 2 No 3 Not evaluated  Code Description  1 SMI  SED Detailed SMI/SED Status  Text 1 93 93 2 SED 4 Neither SMI nor SED 7 Not evaluated OR is an SUD (A) record without integrated treatment  Code Description  1 SMI  2 SED 4 Neither SMI nor SED 7 Today or previous episodes  1 1 previous episodes 1 1 previous episodes 2 2 previous episodes							Code	Description
A019   MI/SED Designation	4040	1/DD D : 1' D407	T4	4	04	04	1	Yes
A019 MI/SED Designation  Text 1 92 92 1 Yes 2 No 3 Not evaluated  Code Description 1 Yes 2 No 3 Not evaluated  Code Description 1 SMI 2 SED 4 Neither SMI nor SED 7 Not evaluated OR is an SUD (A) record without integrated treatment  Code Description 1 SMI 2 SED 4 Neither SMI nor SED 7 Not evaluated OR is an SUD (A) record without integrated treatment  Code Description 0 0 previous episodes 1 1 previous episodes 1 1 previous episodes 2 2 previous episodes	A018	I/DD Designation+B127	Text	'	91	91	2	No
A019 MI/SED Designation  Text 1 92 92 1 Yes 2 No 3 Not evaluated  Code Description 1 SMI 2 SED 4 Neither SMI nor SED 7 Not evaluated OR is an SUD (A) record without integrated treatment  Code Description 1 Integrated or in the prior Treatment Episodes  Text 1 94 94 94 94 94 94 94 94 94 94 94 94 94							3	Not evaluated
A019 MI/SED Designation  Text 1 92 92 2 No 3 Not evaluated  Code Description 1 SMI 2 SED 4 Neither SMI nor SED 7 Not evaluated OR is an SUD (A) record without integrated treatment  Code Description 1 previous episodes 1 prior Treatment Episodes  Text 1 94 94							Code	Description
A020   Detailed SMI/SED Status   Text   1   93   93   93	4040	MI/OFD Designation	T4	4	00	00	1	Yes
A020 Detailed SMI/SED Status  Text  1 93 93 2 SED  4 Neither SMI nor SED  7 Not evaluated OR is an SUD (A) record without integrated treatment  Code Description  0 0 previous episodes  1 1 previous episode  2 2 previous episodes	A019	MI/SED Designation	Text	1	92	92	2	No
A020 Detailed SMI/SED Status  Text  1 93 93 2 SED  4 Neither SMI nor SED  7 Not evaluated OR is an SUD (A) record without integrated treatment  Code Description  0 0 previous episodes  1 1 previous episodes  1 1 previous episodes  2 2 previous episodes							3	Not evaluated
A020 Detailed SMI/SED Status  Text 1 93 93 2 SED 4 Neither SMI nor SED 7 Not evaluated OR is an SUD (A) record without integrated treatment  Code Description 0 0 previous episodes 1 1 previous episode 1 1 previous episodes 2 2 previous episodes							Code	Description
A021 Prior Treatment Episodes  Text  1 93 93  4 Neither SMI nor SED  7 Not evaluated OR is an SUD (A) record without integrated treatment  Code Description  0 0 previous episodes  1 1 previous episode  2 2 previous episodes							1	SMI
7 Not evaluated OR is an SUD (A) record without integrated treatment  Code Description  0 0 previous episodes  1 1 previous episode  2 2 previous episodes  Prior Treatment Episodes  Text 1 94 94	A020	Detailed SMI/SED Status	Text	1	93	93	2	SED
Code   Description							4	Neither SMI nor SED
A021 Prior Treatment Episodes  Text 1 94 94  0 0 previous episodes 1 1 previous episode 2 2 previous episodes							7	
A021 Prior Treatment Episodes  Text 1 94 94  2 2 previous episodes							Code	Description
A021 Prior Treatment Episodes Text 1 94 94 2 2 previous episodes							0	0 previous episodes
A021 Prior Treatment Episodes Text 1 94 94							1	1 previous episode
	A024	Prior Treatment Episodes	Toy	1	94	94	2	2 previous episodes
3 3 previous episodes	7021		Text				3	3 previous episodes
4 4 previous episodes							4	4 previous episodes
5 5 or more previous episodes							5	5 or more previous episodes

Field ID	Field Name	Туре	Size	Begin	End		Comments
						7	Unknown
A022	Date of Birth	Text	8	95	102	MMDDYYYY	(
						Code	Description
A023	Gender	Text	1	103	103	1	Male
						2	Female
						Code	Description
						1	Yes - female individual was pregnant on the date service started.
A024	Pregnant on Service Start Date	Text	1	104	104	2	No - female individual was not pregnant on the date service started.
						6	N/A - male adult or prepubescent child
						7	Not collected at this co-located service.
						8	Not collected for this crisis-only service.
A025	County of Residence	Text	2	105	106		code from BH County Codes Appendix corresponding to place of residence
						Code	Description
						01	Alaskan native (Aleut, Eskimo)
	Race			107	108	02	American Indian (non-Alaskan native)
			2			04	Black or African American
A026		Text				05	White
7.020					.00	13	Asian
						20	Other single race
						21	Two or more races
						23	Native Hawaiian or other Pacific Islander
						97	Refused to provide
						Code	Description
						01	Puerto Rican
						02	Mexican
A027	Hispanic or Latino Ethnicity	Text	2	109	110	03	Cuban
						04	Other specific Hispanic or Latino
						05	Not of Hispanic or Latino origin
						06	Hispanic or Latino - specific origin not specified
						97	Unknown
						Code	Description
	Currently in Mainstream Special Education Status	Text	1	111	111	1	Yes
A028						2	No
						7	Not collected at this co-located service.
						8	Not collected for this crisis-only service.

Field ID	Field Name	Туре	Size	Begin	End		Comments
						Code	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
						01	Grade 1
						02	Grade 2
						03	Grade 3
						04	Grade 4
						05	Grade 5
						06	Grade 6
						07	Grade 7
A029	Education	Text	2	112	113	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.
					<b> </b>	98	Not collected for this crisis-only service.
						Code	Description
			1	114	114	1	Yes, client has attended school at any time in the past 3 months
A030	School Attendance Status	Text				2	No, client has not attended school at any time in the past 3 months
						6	Not applicable
						7	Not collected at this co-located service.
						8	Not collected for this crisis-only service.
						Code	Description
						01	Never married
						02	Now married/cohabiting
A031	Marital Status	Text	2	115	116	03	Separated
7.001	Marital Status				116	04	Divorced
						05	Widowed
						97	Not collected at this co-located service.
						98	Not collected for this crisis-only service.

Field ID	Field Name	Туре	Size	Begin	End		Comments
						Code	Description
						1	Veteran
A032	Veteran Status	Text	1	117	117	2	Not a veteran
						7	Not collected at this co-located service.
						8	Not collected for this crisis-only service.
						Code	Description
						01	Full-time competitive, integrated employment
			_			02	Part-time competitive, integrated employment
A033	Employment Status	Text	2	118	119	03	Unemployed
						04	Not in competitive, integrated labor force
						98	N/A - individual is under 16 years of age
						Code	Description
						01	Homemaker
						02	Student
						03	Retired
						04	Individual's current disability symptoms prevents him/her from competitively or non-competitively working.
	Detailed 'Not in Competitive, Integrated Labor Force'		2	120	121	05	Receiving services from institutional facility
						07	Participates in sheltered workshop
A034		Text				61	Unpaid volunteering, community service, etc.
						62	Micro-enterprise
						63	In enclaves/mobile crews/agency-owned transitional employment
						64	Participates in facility-based activity program where an array of specialty supports and services are provided to assist an individual in achieving her/his non-work-related goals.
						96	Not applicable - Employment Status is coded 01, 02, or 03.
						98	N/A - individual is under 16 years of age
						Code	Description
						01	Individual is currently earning minimum wage or more.
A035	Minimum Waga	Toyt	2	122	123	02	Individual is currently earning less than minimum wage.
A035	Minimum Wage	Text	2	122	123	03	Individual is not working.
						97	Not collected at this co-located service.
						98	Not collected for this crisis-only service.
A036	Total Annual Income	Text	6	124	129	xxxxxx	6 characters, rounded to the nearest whole dollar; no decimal points or commas. Annualized current income utilized in calculating ATP. Enter 9999997 for Not collected at this collocated service. Enter 9999998 for Not collected for this crisisonly service.
A037	Number of Dependents	Numeric	2	130	131	nn	Number of dependents claimed in determining ATP. Enter 97 for Not collected at this co-located service. Enter 98 for Not collected for this crisis-only service.

Field ID	Field Name	Туре	Size	Begin	End		Comments
						Code	Description
						01	None
						02	Alcohol
						03	Cocaine/crack
						04	Marijuana/hashish
						05	Heroin
						06	Non-prescription methadone
						07	Other opiates/synthetics
						08	PCP - phencyclidine
A038	Drimon, Cubatanas Has Drahlam	Tout	0	400	400	09	Hallucinogens
A038	Primary Substance Use Problem	Text	2	132	133	10	Methamphetamine/speed
						11	Other amphetamines
						12	Other stimulants
						13	Benzodiazepines
						14	Other tranquilizers
						15	Barbiturates
						16	Other sedatives/hypnotics
						17	Inhalants
						18	Over-the-counter medications
						20	Other drugs
						Code	Description
						01	Oral
						02	Smoking
A039	Primary Route of Administration	Text	2	134	135	03	Inhalation
					-	04	Injection
						20	Other
						96	Not applicable
						Code	Description
						01	No use in the past month
						02	1-3 days in the past month
A040	Primary Frequency of Use	Text	2	136	137	03	1-2 days in the past week
						04	3-6 days in the past week
						05	Daily
						96	Not applicable
			2			Code	Description
A041	Primary Age at First Use	Text		138	139	00	Newborn with substance dependency problem
7.0 F1						01-95	Age at first use, in years
						96	Not applicable

Field ID	Field Name	Туре	Size	Begin	End		Comments
						Code	Description
						01	None
						02	Alcohol
						03	Cocaine/crack
						04	Marijuana/hashish
						05	Heroin
						06	Non-prescription methadone
						07	Other opiates/synthetics
						08	PCP - phencyclidine
						09	Hallucinogens
A042	Secondary Substance Use Problem	Text	2	140	141	10	Methamphetamine/speed
						11	Other amphetamines
						12	Other stimulants
						13	Benzodiazepines
						14	Other tranquilizers
						15	Barbiturates
						16	Other sedatives/hypnotics
						17	Inhalants
						18	Over-the-counter medications
						20	Other drugs
						Code	Description
						01	Oral
						02	Smoking
A043	Secondary Route of Administration	Text	2	142	143	03	Inhalation
						04	Injection
						20	Other
						96	Not applicable
						Code	Description
						01	No use in the past month
						02	1-3 days in the past month
A044	Secondary Frequency of Use	Text	2	144	145	03	1-2 days in the past week
						04	3-6 days in the past week
						05	Daily
						96	Not applicable
						Code	Description
40/-	Occasion Asia (5) (1)		_	440		00	Newborn with substance dependency problem
A045	A045 Secondary Age at First Use	Text	2	146	147	01-95	Age at first use, in years
						96	Not applicable

Field ID	Field Name	Туре	Size	Begin	End		Comments
						Code	Description
						01	None
						02	Alcohol
						03	Cocaine/crack
						04	Marijuana/hashish
						05	Heroin
						06	Non-prescription methadone
						07	Other opiates/synthetics
						08	PCP - phencyclidine
	T	<b>-</b> .		4.40	4.40	09	Hallucinogens
A046	Tertiary Substance Use Problem	Text	2	148	149	10	Methamphetamine/speed
						11	Other amphetamines
						12	Other stimulants
						13	Benzodiazepines
						14	Other tranquilizers
						15	Barbiturates
						16	Other sedatives/hypnotics
						17	Inhalants
						18	Over-the-counter medications
						20	Other drugs
						Code	Description
		Text	2	150	151	01	Oral
						02	Smoking
A047	Tertiary Route of Administration					03	Inhalation
						04	Injection
						20	Other
						96	Not applicable
						Code	Description
						01	No use in the past month
						02	1-3 days in the past month
A048	Tertiary Frequency of Use	Text	2	152	153	03	1-2 days in the past week
						04	3-6 days in the past week
						05	Daily
						96	Not applicable
						Code	Description
A049	Tertiary Age at First Use	Text	2	154	155	00	Newborn with substance dependency problem
A049						01-95	Age at first use, in years
						96	Not applicable

Field ID	Field Name	Туре	Size	Begin	End		Comments
						Code	Description
	Medication-assisted Opioid Therapy					1	Yes
A050	at this Agency	Text	1	156	156	2	No
						6	Not applicable
						Code	Description
A051	Integrated Substance Use and Mental Health Treatment	Text	1	157	157	1	Yes
						2	No
						Code	Description
						01	Homeless
						02	Dependent living (SUD Only)
						03	Independent living (SUD Only)
						22	Residential care (MH Only)
						23	Living in a private residence not owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or non-relative(s). (MH Only)
						32	Foster Home/Foster Care (MH Only)
A052	Living Arrangements	Text	2	158	159	33	Living in a private residence that is owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or non-relative (MH Only)
						42	Crisis Residence (MH Only)
						52	Institutional Setting (MH Only)
						62	Jail/Correctional/Other Institutions under the justice system (MH Only)
						72	Living in a private residence with natural or adoptive family member(s). "Family member" means parent, stepparent, sibling, child, or grandparent of the primary consumer or an individual upon whom the primary consumer is dependent for at least 50% of his/her financial support. (MH Only)
						Code	Description
A053	Detailed Residential Care Living Arrangement	Text	3	160	162	221	Specialized Residential Home including any adult foster care facility certified to provide a specialized program per DMH Administrative Rules, 3/9/96, R 330.1801 (regardless of number of beds) or Licensed Children's Therapeutic Group Home
						222	General Residential Home - Licensed foster care facility not certified to provide specialized program (per the DMH Administrative Rules), regardless of number of beds.
						996	Not applicable
A054	Number of Arrests in Past 30 Days	Numeric	2	163	164	nn	Number of separate arrests in the past 30 days

							Comments
						Code	Description
						01	In prison
						02	In jail
						03	Paroled from a state or federal correctional facility
						04	Probation
						05	Tether
						06	Juvenile detention center
A055 Corre	rections Related Status	Text	2	165	166	07	Pre-trial (Youth or Adult)
						08	Pre-sentencing (Adult)/Pre-distribution (Youth)
						09	Post-booking diversion
						10	Booking diversion
						11	Not under jurisdiction of corrections or law enforcement program
						97	Not collected at this co-located service.
						98	Not collected for this crisis-only service.
						Code	Description
						01	No attendance
						02	Less than once a week - 1 to 3 times in past 30 days
	Attendance at Self-help Groups in Past 30 Days	Text	2	167	168	03	About once a week - 4 to 7 times in past 30 days
Fasi						04	2 to 3 times per week - 8 to 15 times in past 30 days
						05	At least 4 times per week - 16 to 30 or more times in past 30 days
						98	Not collected (for M records only)
						Code	Description
						1	DSM-IV
A057 E	Diagnostic Code Set Identifier	Numeric	1	169	169	2	ICD-9
						3	ICD-10
						4	DSM-5
						Valid Entries	S
						xxx.xxxx	
						xxx	where "_" represents a blank
						xxx	where "_" represents a blank
A058 Subs	stance Use Diagnosis	Text	8	170	177	xxx.x \	where "_" represents a blank
						xxx.xx w	here "_" represents a blank
						xxx.xxx _ wh	nere "_" represents a blank
							no substance use diagnosis exists OR it has not been if an SU diagnosis exists based on the assessment performed.
						Valid Entries	5
						xxx.xxxx	
						xxx	where "_" represents a blank
						xxx	where "_" represents a blank

Field ID	Field Name	Туре	Size	Begin	End		Comments
A059	MH Diagnostic Code One	Text	8	178	185	xxx.x v	vhere "_" represents a blank
						xxx.xx w	here "_" represents a blank
						xxx.xxx _ wh	nere "_" represents a blank
							no primary mental health diagnosis exists OR it has not been if a primary MH diagnosis exists based upon assessment
						Valid Entries	3
						xxx.xxxx	
						xxx	where "_" represents a blank
						xxx	where "_" represents a blank
A060	MH Diagnostic Code Two	Text	8	186	193	xxx.x v	vhere "_" represents a blank
						xxx.xx w	here "_" represents a blank
						xxx.xxx _ wh	nere "_" represents a blank
							no secondary mental health diagnosis exists OR it has not been if a secondary MH diagnosis exists based upon assessment
						Valid Entries	3
						xxx.xxxx	
						xxx	where "_" represents a blank
						xxx	where "_" represents a blank
A061	MH Diagnostic Code Three	Text	8	194	201	xxx.x v	vhere "_" represents a blank
						xxx.xx w	here "_" represents a blank
						xxx.xxx _ wh	nere "_" represents a blank
							no tertiary mental health diagnosis exists OR it has not been if a tertiary MH diagnosis exists based upon assessment
						Code	Description
						01	Voluntary - self
						02	Voluntary - others
A062	Legal Status at Admission to State	Text	2	202	203	03	Involuntary - civil
71002	Hospital	TOAL	-	202	200	04	Involuntary - criminal
						05	Involuntary - juvenile justice
						06	Involuntary -civil - sexual
						96	Not applicable
A063	Error ID	Numeric	8	204	211		
A064	Filler	Text	100	212	311		

F	Field Name	Туре	Size	Begin	End		Comments
		•	BH-1	TEDS S	Start Trail	ler Format	
Ī	Field Name	Туре	Size	Begin	End	Comments	
E	EDI TYPE	Text	4	1	4	"TRLR"	
E	EDI APP	Text	2	5	6	"MA"	
E	EDI USER						
	EDI USER - prefix	Text	3	7	9	"DCH"	
	EDI USER - PIHP ID	Text	4	10	13	Service Bur	eau ID
	EDI USER - suffix	Text	1	14	14	Blank	
E	EDI CREATION DATE	Text	8	15	22	YYYYMMDI	D
E	EDI TRANSFER DATE	Text	8	23	30	YYYYMMDI	D
E	EDI TRANSFER TIME	Text	4	31	34	ННММ	
E	EDI FILE NAME	Text	4	35	38	4823	
E	EDI RUN TYPE					Code	Description
		Text	1	39	39	Р	Production
						Т	Test
E	EDI BATCH IDENTIFIER	Text	3	40	42	Unique bato	ch identifier assigned by PIHP
E	EDI RECORD COUNT	Number	6	43	48	Number of r	records in a file including the header and trailer

Text

263

49

311

FILLER

#### **BH-TEDS SERVICE UPDATE/END File Format**

NOTE: Any errors on the HDDR or TRLR record will cause the entire file to reject and be returned to the appropriate submitter via the Data Exchange Gateway (DEG) via the 4824 file.

## **BH-TEDS Service Update/End Header Format**

Field Name	Туре	Size	Begin	End	Comments	
EDI TYPE	Text	4	1	4	"HDR"	
EDI APP	Text	2	5	6	"MA"	
EDI USER						
EDI USER - prefix	Text	3	7	9	"DCH"	
EDI USER - PIHP ID	Text	4	10	13	Service Bure	eau ID/DEG Mailbox
EDI USER - suffix	Text	1	14	14	Blank	
EDI TRANSFER DATE	Text	8	15	22	YYYYMMDE	)
EDI TRANSFER TIME	Text	4	23	26	ННММ	
EDI FILE NAME	Text	4	27	30	4824	
EDI RUN TYPE					Code	Description
	Text	1	31	31	Р	Production
					Т	Test
EDI BATCH IDENTIFIER	Text	3	32	34	Unique batc	h identifier assigned by PIHP
FILLER	Text	240	35	274		

## **BH-TEDS Service Update/End Input File Format**

Field ID	Field Name	Туре	Size	Begin	End		Comments					
NOTE:	NOTE: A Service Update/End Record is stored using the following key values: Payer ID, State Provider Identifier, Unique PIHP Person Identifier, Social Security Number, Service Start Date, and Service Start Date Time of Day.											
						Code	Description					
DU001	Client Transaction Type+B133	Text	1	1	1	D	SA End Record					
D0001	Client Transaction Type+B133	Text	'	'	Į.	U	Update Record					
						Е	MH End Record					
						Code	Description					
						Α	Add					
DU002	System Transaction Type	Text	1	2	2	С	Change					
						D	Delete					
						Е	Error Erase					

Field ID	Field Name	Туре	Size	Begin	End		Comments
						Code	Description
						1182841	Salvation Army-Harbor Light
						2813621	NorthCare Network
						2813628	Northern MI Regional Entity
						2813626	Lakeshore Regional Entity
DUIDOS	Deves ID	Tave	7	3	9	2813623	Southwest Michigan Behavioral Health
DU003	Payer ID	Text	,	3	9	2813625	Mid-State Health Network
						2813627	CMH Partnership of SE MI
						2813629	Detroit Wayne MH Authority
						1183015	Oakland County CMH Authority
						1183006	Macomb County CMH Services
						2813624	Region 10
DI IOO 4	0 5	+ .	_	40	40	CMHSP ID fo	or MH recpods
DU004	State Provider Identifier	Text	7	10	16	6 digit LARA	license preceded by a zero for SA admissions
DU005	Unique PIHP Person Identifier	Text	11	17	27		
						Code	Description
DLIGGS	Casial Casurity Number	Taud	0	20	200	nnnnnnnn	Individual's actual social security number
DU006	Social Security Number	Text	9	28	36	99999997	Refused to provide
						99999998	N/A - Individual does not have a social security number
DU007	Medicaid ID	Text	10	37	46	ID regardless	s of current eligibility; otherwise, blank
DU008	MIChild ID	Text	10	47	56	If no ID, leav	re blank
DU009	Medicare ID	Text	11	57	67	If no ID, leav	re blank
						Code	Description
DU010	SDA, SSI, SSDI Enrolled	Text	1	68	68	1	Yes
						2	No
DU011	Service Start Date	Text	8	69	76	MMDDYYYY	′
DU012	Service Start Date Time of Day	Text	4	77	80	HHMM - mili	tary time
						Code	Description
						02	Detoxification, 24 hour service, free-standing residential
						04	Rehabilitation/residential - short term (30 days or fewer)
						05	Rehabilitation/residential - long term (more than 30 days)
						06	Ambulatory - intensive outpatient
						07	Ambulatory - non-intensive outpatient
						08	Ambulatory - detoxification
DU013	Type of Update/Ending Treatment Service/Setting	Text	2	81	82	72	State psychiatric hospital
						73	State Mental Health Agency funded/operated community-based program
						74	Residential treatment center
						75	Other psychiatric inpatient
						76	Institutions under the justice system
						96	SA codependent/collateral individual served OR MH individual receiving assessment, evaluation, or screening only.

Field ID	Field Name	Туре	Size	Begin	End		Comments
						Code	Description
DU014	Codependent/Collateral Person Served	Text	1	83	83	1	Codependent/collateral individual
						2	Client
DU015	Service Update/End Date	Text	8	84	91	MMDDYYYY	,
DU016	Service Update/End Time of Day	Text	4	92	95	HHMM - mili	tary time
						Code	Description
						01	Treatment completed
						02	Dropped out of treatment
						03	Terminated by facility
						04	Transferred to another treatment program or facility
DU017	Reason for Service Update/End	Text	2	96	97	34	Discharged from state hospital to an acute medical facility for medical services (MH only)
						05	Incarcerated or released by or to courts
						06	Death
						07	Other (includes aging out of children's MH system, extended placement (conditional release), and all other reasons)
						96	Not applicable (used for Update records only)
						Code	Description
DUIGAG	VDD Design etter	T 4	1	98	00	1	Yes
DU018	I/DD Designation	Text			98	2	No
						3	Not evaluated
						Code	Description
DU019	MI/SED Designation	Toyt	1	00	99	1	Yes
Doors	MI/SED Designation	Text	'	99	99	2	No
						3	Not evaluated
						Code	Description
						1	SMI
DU020	Detailed SMI/SED Status	Text	1	100	100	2	SED
						4	Neither SMI nor SED
						7	Not evaluated OR is an SUD (A) record without integrated treatment
						Code	Description
	Commands in Mainster Oi-l	Text	1	101	101	1	Yes
DU021	Currently in Mainstream Special Education Status					2	No
						7	Not collected at this co-located service.
						8	Not collected for this crisis-only service.

Field ID	Field Name	Туре	Size	Begin	End		Comments
						Code	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
						01	Grade 1
						02	Grade 2
						03	Grade 3
						04	Grade 4
						05	Grade 5
						06	Grade 6
						07	Grade 7
DU022	Education	Text	2	102	103	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.
						Code	Description
						1	Yes, client has attended school at any time in the past 3 months
DU023	School Attendance Status	Text	1	104	104	2	No, client has not attended school at any time in the past 3 months
						6	Not applicable
						7	Not collected at this co-located service.
						8	Not collected for this crisis-only service.
						Code	Description
		Text	2	105		01	Full-time competitive, integrated employment
DU024	imployment Status				106	02	Part-time competitive, integrated employment
50024						03	Unemployed
						04	Not in competitive, integrated labor force
						98	N/A - individual is under 16 years of age

Field ID	Field Name	Туре	Size	Begin	End		Comments
						Code	Description
						01	Homemaker
						02	Student
						03	Retired
						04	Individual's current disability symptoms prevents him/her from competitively or non-competitively working.
						05	Receiving services from institutional facility
						07	Participates in sheltered workshop
DU025	Detailed 'Not in Competitive, Integrated Labor Force'	Text	2	107	108	61	Unpaid volunteering, community service, etc.
	·····g·····					62	Micro-enterprise
						63	In enclaves/mobile crews/agency-owned transitional employment
						64	Participates in facility-based activity program where an array of specialty supports and services are provided to assist an individual in achieving her/his non-work-related goals.
						96	Not applicable - Employment Status is coded 01, 02, or 03.
						98	N/A - individual is under 16 years of age
						Code	Description
						01	Individual is currently earning minimum wage or more.
						02	Individual is currently earning less than minimum wage.
DU026	Minimum Wage	Text	2	109	110	03	Individual is not working.
						97	Not collected at this co-located service.
						98	Not collected for this crisis-only service.
DU027	Total Annual Income	Text	6	111	116	xxxxxx	6 characters, rounded to the nearest whole dollar; no decimal points or commas. Annualized current income as is done when calculating ATP. Enter 9999997 for Not collected at this colocated service. Enter 9999998 for Not collected for this crisisonly service.
DU028	Number of Dependents	Numeric	2	117	118	nn	Number of dependents as claimed in determining ATP. Enter 97 for Not collected at this co-located service. Enter 98 for Not collected for this crisis-only service.
						Code	Description
						01	None
						02	Alcohol
						03	Cocaine/crack
						04	Marijuana/hashish
						05	Heroin
						06	Non-prescription methadone
						07	Other opiates/synthetics
						08	PCP - phencyclidine
DU029	Primary Substance Use Problem	Text	2	119	120	09	Hallucinogens
20020		. 5/1	_	. 10	0	10	Methamphetamine/speed
						11	Other amphetamines
						12	Other stimulants

Field ID	Field Name	Туре	Size	Begin	End		Comments
						13	Benzodiazepines
						14	Other tranquilizers
						15	Barbiturates
						16	Other sedatives/hypnotics
						17	Inhalants
						18	Over-the-counter medications
						20	Other drugs
						Code	Description
						01	No use in the past month
						02	1-3 days in the past month
DU030	Primary Frequency of Use	Text	2	121	122	03	1-2 days in the past week
						04	3-6 days in the past week
						05	Daily
						96	Not applicable
						Code	Description
						01	None
						02	Alcohol
						03	Cocaine/crack
						04	Marijuana/hashish
						05	Heroin
						06	Non-prescription methadone
						07	Other opiates/synthetics
						08	PCP - phencyclidine
						09	Hallucinogens
DU031	Secondary Substance Use Problem	Text	2	123	124	10	Methamphetamine/speed
						11	Other amphetamines
						12	Other stimulants
						13	Benzodiazepines
						14	Other tranquilizers
						15	Barbiturates
						16	Other sedatives/hypnotics
						17	Inhalants
						18	Over-the-counter medications
						20	Other drugs
						Code	Description
						01	No use in the past month
Bureau				46-	465	02	1-3 days in the past month
DU032	Secondary Frequency of Use	Text	2	125	126	03	1-2 days in the past week
						04	3-6 days in the past week
						05	Daily
						96	Not applicable

DU033   Tertiary Substance Use Problem   Text   2   127   128	Field ID	Field Name	Туре	Size	Begin	End		Comments
DU033 Tertiary Substance Use Problem  Text 2 127  128  Tertiary Substance Use Problem  Text 2 127  128  129  129  128  129  128  129  128  129  128  129  128  129  128  129  128  129  129							Code	Description
DU033   Tertiary Substance Use Problem   Text   2   127   128     12							01	None
DU033   Tertiary Substance Use Problem   Text   2   127   128							02	Alcohol
DU033   Tertiary Substance Use Problem   Text   2   127   128							03	Cocaine/crack
DU033 Tertiary Substance Use Problem  Text  2 127  128  129  129  129  129  129  120  120  120							04	Marijuana/hashish
DU033 Tertiary Substance Use Problem  Text 2 127  128  Text 2 129  Text 3 128  Tertiary Frequency of Use  Text 2 129  Text 2 129  Text 3 130  Tertiary Frequency of Use  Text 4 129  Text 4 130  Tertiary Frequency of Use  Text 5 129  Text 6 129  Text 6 129  Text 7 100  Text 120  Text 120  Text 120  Text 120  Text 121  Text 122  Text 121  Te							05	Heroin
DU033 Tertiary Substance Use Problem  Text 2 127  128  08 PCP - phencyclidine  09 Hallucinogens  10 Methamphetamine/speed  111 Other amphetamines  12 Other stimulants  13 Benzodiarsprines  14 Other tranquilizers  15 Barbiturates  16 Other seadalves/hypnotics  17 Inhalants  18 Over-the-counter medications  20 Other drugs  Code Description  10 No use in the past month  10 Use in the past month  10 Use in the past month  10 Use in the past month  11 Use in the past month  12 Use in the past month  13 Use in the past week  14 Use in the past week  15 Daily  16 Daily  17 Description  18 Observable  Code Description  19 Use Code Description  10 No use in the past week  10 Use In the past month  10 Use In the past month  10 Use In the past month  11 Use In the past month  12 Use In a private residence not owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or nordelative (MH Only)  20 Using in a private residence hat is owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or nordelative (MH Only)							06	Non-prescription methadone
DU033 Tertiary Substance Use Problem  Text 2 127  128  09 Hallucinogens  10 Methamphetamine/speed  11 Other amphetamines  Other stimulants  12 Other tranquilizers  13 Benzodiazepines  14 Other unquilizers  16 Other sedatives/hypnotics  17 Inhalents  18 Over-the-counter medications  Other drugs  Code  Description  01 No use in the past month  02 1-3 days in the past month  02 1-3 days in the past week  04 3-6 days in the past week  05 Daily  98 Not applicable  Code  Description  01 Homeless  02 Dependent living (SUD Only)  03 Independent living (SUD Only)  10 Independent living (SUD Only)  10 Independent living (SUD Only)  11 Independent living (SUD Only)  12 Residential care (MH Only)  13 Foster Home/Foster Care (MH Only)  14 Invig in a private residence not owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or non-relative (MH Only)  10 Invig in a private residence that is owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or non-relative (MH Only)							07	Other opiates/synthetics
DU033 Tartiary Substance Use Problem  Text 2 127 128 10 Methamphetamine/speed 11 Other amphetamine/speed 11 Other amphetamine/speed 11 Other stimulants 13 Benzodiazepines 14 Other tranquilizers 15 Barbiturates 15 Barbiturates 16 Other sedalives/hypnotics 16 Other stedalives/hypnotics 17 Inhalants 18 Over-the-counter medications 20 Other drugs 21 Other drugs 21 Other drugs 22 Other drugs 23 Other drugs 24 Other drugs 25 Other drugs 25 Other drugs 26 Other drugs 26 Other drugs 27 Other drugs 27 Other drugs 28 Other drugs 28 Other drugs 29 Other drugs 29 Other drugs 29 Other drugs 20 Oth							08	PCP - phencyclidine
10   Methamphetamine/speed	DUIDOO	Testions Out stores Head Deathless	Total	0	407	400	09	Hallucinogens
12	D0033	Tertiary Substance Use Problem	rext	2	127	128	10	Methamphetamine/speed
13   Benzodiazepines							11	Other amphetamines
14 Other tranquilizers							12	Other stimulants
15							13	Benzodiazepines
16							14	Other tranquilizers
DU034 Tertiary Frequency of Use  Text 2 129 130  Text 2 129 130  Text 2 129 130  Text 3 129 130  Text 4 129 130  Text 5 129 130  Text 5 129 130  Text 6 129 130  Text 7 129 13							15	Barbiturates
DU034 Tertiary Frequency of Use  Text  2 129  130  Description  O1 No use in the past month O2 1-3 days in the past week O4 3-6 days in the past week O5 Daily 96 Not applicable  Code Description  O1 No use in the past month O2 1-3 days in the past week O4 3-6 days in the past week O5 Daily 96 Not applicable  Code Description O1 Homeless O2 Dependent living (SUD Only)  O3 Independent living (SUD Only)  22 Residential care (MH Only)  Living in a private residence not owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or nor-relative(s). (MH Only)  Living in a private residence that is owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or nor-relative (MH Only)  Living in a private residence that is owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or nor-relative (MHSP or the contracted provider, alone or with spouse or nor-relative (MHSP or the contracted provider, alone or with spouse or nor-relative (MH Only)							16	Other sedatives/hypnotics
DU034 Tertiary Frequency of Use  Text  2 129 130  Du034 Tertiary Frequency of Use  Text  2 129 130  Text  3 1-2 days in the past week  04 3-6 days in the past week  05 Daily  96 Not applicable  Code Description  01 Homeless  02 Dependent living (SUD Only)  23 Independent living (SUD Only)  24 Residential care (MH Only)  Living in a private residence not owned by the PiHP, CMHSP or the contracted provider, alone or with spouse or nor-relative(s). (MH Only)  Du035 Living Arrangements  Text  2 131 132 Living in a private residence that is owned by the PiHP, CMHSP or the contracted provider, alone or with spouse or nor-relative (s). (MH Only)							17	Inhalants
DU034 Tertiary Frequency of Use  Text 2 129 130  Text 3 1-2 days in the past week  04 3-6 days in the past week  05 Daily 96 Not applicable  Code Description  01 Homeless  02 Dependent living (SUD Only)  03 Independent living (SUD Only)  22 Residential care (MH Only)  Living in a private residence not owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or nor-relative (MH Only)  Living in a private residence that is owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or nor-relative (MH Only)  Living in a private residence that is owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or nor-relative (MH Only)							18	Over-the-counter medications
DU034 Tertiary Frequency of Use  Text 2 129 130  Text 3 130  Text 4 130  Text 5 129 130  Text 5 129 130  Text 6 129 130  Text 6 129 130  Text 6 129 130  Text 7 129 130  Text 7 129 130  Text 8 12							20	Other drugs
DU034 Tertiary Frequency of Use  Text 2 129 130  1 -3 days in the past month  0 3 1-2 days in the past week  0 4 3-6 days in the past week  0 5 Daily  9 6 Not applicable  Code Description  0 1 Homeless  0 2 Dependent living (SUD Only)  1 and pendent living (SUD Only)  2 Residential care (MH Only)  Living in a private residence not owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or non-relative(s). (MH Only)  Living in a private residence that is owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or non-relative (s). (MH Only)  Living in a private residence that is owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or non-relative (MH Only)							Code	Description
DU034 Tertiary Frequency of Use  Text  2 129  130  1-2 days in the past week  04 3-6 days in the past week  05 Daily  96 Not applicable  Code Description  01 Homeless  02 Dependent living (SUD Only)  03 Independent living (SUD Only)  22 Residential care (MH Only)  Living in a private residence not owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or nor relative (MH Only)  Living in a private residence that is owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or nor relative (MH Only)  Living in a private residence that is owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or nor relative (MH Only)							01	No use in the past month
DU035 Living Arrangements  O4 3-6 days in the past week  05 Daily  96 Not applicable  Code Description  01 Homeless  02 Dependent living (SUD Only)  03 Independent living (SUD Only)  22 Residential care (MH Only)  Living in a private residence not owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or non-relative(s). (MH Only)  32 Foster Home/Foster Care (MH Only)  Living in a private residence that is owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or non-relative (MH Only)  Living in a private residence that is owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or no relative (MH Only)							02	1-3 days in the past month
DU035 Living Arrangements  Double Description  Of Description  Of Description  Of Description  Of Description  Of Homeless  Of Dependent living (SUD Only)  Of Description  Of	DU034	Tertiary Frequency of Use	Text	2	129	130	03	1-2 days in the past week
96 Not applicable  Code Description  01 Homeless  02 Dependent living (SUD Only)  03 Independent living (SUD Only)  22 Residential care (MH Only)  Living in a private residence not owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or non-relative(s). (MH Only)  DU035 Living Arrangements  Text 2 131 132  Living in a private residence that is owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or non-relative (MH Only)							04	3-6 days in the past week
Code Description  01 Homeless  02 Dependent living (SUD Only)  03 Independent living (SUD Only)  22 Residential care (MH Only)  Living in a private residence not owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or non-relative(s). (MH Only)  23 Foster Home/Foster Care (MH Only)  Living in a private residence that is owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or non-relative (MH Only)  DU035 Living Arrangements  Text 2 131 132  33 Living in a private residence that is owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or no relative (MH Only)							05	Daily
Code Description  01 Homeless  02 Dependent living (SUD Only)  03 Independent living (SUD Only)  22 Residential care (MH Only)  Living in a private residence not owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or non-relative(s). (MH Only)  23 Foster Home/Foster Care (MH Only)  Living in a private residence that is owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or nor relative (MH Only)							96	Not applicable
Dependent living (SUD Only)  103 Independent living (SUD Only)  22 Residential care (MH Only)  Living in a private residence not owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or non-relative(s). (MH Only)  23 Foster Home/Foster Care (MH Only)  24 Living in a private residence that is owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or non-relative (MH Only)								
DU035 Living Arrangements  Text  2 131 132  DIagram a private residence not owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or non-relative(s). (MH Only)  Living in a private residence not owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or non-relative(s). (MH Only)  Living in a private residence that is owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or no relative (MH Only)							01	Homeless
22 Residential care (MH Only)  Living in a private residence not owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or non-relative(s). (MH Only)  32 Foster Home/Foster Care (MH Only)  Living Arrangements  Text  2 131 132  Living in a private residence that is owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or no relative (MH Only)							02	Dependent living (SUD Only)
Living in a private residence not owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or non-relative(s). (MH Only)  32 Foster Home/Foster Care (MH Only)  Living Arrangements  Text  2 131 132  Living in a private residence that is owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or no relative (MH Only)							03	Independent living (SUD Only)
DU035 Living Arrangements  Text  2 131 132 23 or the contracted provider, alone or with spouse or non-relative(s). (MH Only)  32 Foster Home/Foster Care (MH Only)  Living in a private residence that is owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or no relative (MH Only)							22	Residential care (MH Only)
DU035 Living Arrangements  Text 2 131 132 Living in a private residence that is owned by the PIHP, CMHSP or the contracted provider, alone or with spouse or no relative (MH Only)							23	or the contracted provider, alone or with spouse or non-
33 CMHSP or the contracted provider, alone or with spouse or no relative (MH Only)							32	Foster Home/Foster Care (MH Only)
42 Crisis Residence (MH Only)	DU035	Living Arrangements	Text	2	131	132	33	CMHSP or the contracted provider, alone or with spouse or non-
							42	Crisis Residence (MH Only)
52 Institutional Setting (MH Only)							52	Institutional Setting (MH Only)

Field ID	Field Name	Туре	Size	Begin	End		Comments
						62	Jail/Correctional/Other Institutions under the justice system (MH Only)
						72	Living in a private residence with natural or adoptive family member(s). "Family member" means parent, stepparent, sibling, child, or grandparent of the primary consumer or an individual upon whom the primary consumer is dependent for at least 50% of his/her financial support. (MH Only)
						Code	Description
DU036	Detailed Residential Care Living Arrangement	Text	3	133	135	221	Specialized Residential Home including any adult foster care facility certified to provide a specialized program per DMH Administrative Rules, 3/9/96, R 330.1801 (regardless of number of beds) or Licensed Children's Therapeutic Group Home
						222	General Residential Home - Licensed foster care facility not certified to provide specialized program (per the DMH Administrative Rules), regardless of number of beds.
						996	Not applicable
DU037	Number of Arrests in Past 30 Days	Numeric	2	136	137	nn	Number of separate arrests in the past 30 days
						Code	Description
						01	In prison
						02	In jail
				400	420	03	Paroled from a state or federal correctional facility
						04	Probation
						05	Tether
						06	Juvenile detention center
DU038	Corrections Related Status	Text	2	138	139	07	Pre-trial (Youth or Adult)
						08	Pre-sentencing (Adult)/Pre-distribution (Youth)
						09	Post-booking diversion
						10	Booking diversion
						11	Not under jurisdiction of corrections or law enforcement program
						97	Not collected at this co-located service.
						98	Not collected for this crisis-only service.
						Code	Description
						01	No attendance
						02	Less than once a week - 1 to 3 times in past 30 days
DU039	Attendance at Self-help Groups in Past 30 Days	Text	2	140	141	03	About once a week - 4 to 7 times in past 30 days
						04	2 to 3 times per week - 8 to 15 times in past 30 days
						05	At least 4 times per week - 16 to 30 or more times in past 30 days
						98	Not collected (for M records)
						Code	Description
		Numeric	1	142	142	1	DSM-IV
DU040	Diagnostic Code Set Identifier					2	ICD-9
						3	ICD-10
						4	DSM-5

Field ID	Field Name	Туре	Size	Begin	End	Comments
						Valid Entries
						xxx.xxxx
						xxx where "_" represents a blank
DU041	MH Diagnostic Code One	Text	8	143	150	xxx where "_" represents a blank
D0041	INIT Diagnostic Code One	Text	0	143	150	xxx.x where "_" represents a blank
						xxx.xx where "_" represents a blank
						xxx.xxx _ where "_" represents a blank
						999.9997 if no Primary MH diagnosis has been determined.
						Valid Entries
						xxx.xxxx
						xxx where "_" represents a blank
DU042	MH Diagnostic Code Two	Text	8	151	158	xxx where "_" represents a blank
50012	With Diagnostic Code ( Wo	TOX			100	xxx.x where "_" represents a blank
						xxx.xx where "_" represents a blank
						xxx.xxx _ where "_" represents a blank
						999.9997 if no Secondary MH diagnosis has been determined.
						Valid Entries
						xxx.xxxx
						xxx where "_" represents a blank
DU043	MH Diagnostic Code Three	Text	8	159	166	xxx where "_" represents a blank
20010	IIII Diagnosio Coac IIII Co	. 0/11	Ü	.00		xxx.x where "_" represents a blank
						xxx.xx where "_" represents a blank
						xxx.xxx _ where "_" represents a blank
						999.9997 if no Tertiary MH diagnosis has been determined.
DU044	Error ID	Numeric	8	167	174	
DU045	Filler	Text	100	175	274	

# **BH-TEDS Service Update/End Trailer Format**

Field Name	Туре	Size	Begin	End	Comments	
EDI TYPE	Text	4	1	4	"TRLR"	
EDI APP	Text	2	5	6	"MA"	
EDI USER						
EDI USER - prefix	Text	3	7	9	"DCH"	
EDI USER - PIHP ID	Text	4	10	13	Service Bureau ID/DEG Mailbox	
EDI USER - suffix	Text	1	14	14	Blank	
EDI CREATION DATE	Text	8	15	22	YYYYMMDD	
EDI TRANSFER DATE	Text	8	23	30	YYYYMMDD	
EDI TRANSFER TIME	Text	4	31	34	ннмм	
EDI FILE NAME	Text	4	35	38	4824	
EDI RUN TYPE					Code	Description
	Text	1	39	39	Р	Production
					Т	Test
EDI BATCH IDENTIFIER	Text	3	40	42	Unique batch identifier assigned by PIHP	
EDI RECORD COUNT	Number	6	43	48	Number of records in a file including the header and trailer	
FILLER	Text	226	49	274		

# **BH COUNTY CODES APPENDIX**

5-89)

$C \sim d \sim$	County
45	Leelanau
46	Lenawee
47	
48	Livingston
	Luce
49	Mackinaw
50	Macomb
51	Manistee
52	Marquette
53	Mason
54	Mecosta
55	Menominee
56	Midland
57	Missaukee
58	Monroe
59	Montcalm
60	Montmorency
61	Muskegon
62	Newaygo
63	Oakland
64	Oceana
65	Ogemaw
66	Ontonagon
67	Osceola
68	Oscoda
69	Ostego
70	Ottawa
71	Presque Isle
72	Roscommon
73	Saginaw
74	St. Clair
75	St. Joseph
76	Sanilac
77	Schoolcraft
78	Shiawassee
79	Tuscola
80	Van Buren
81	Washtenaw
82	Wayne (excluding City of Detroit)
83	Wexford
84	City of Detroit
85	Wisconsin
86	Indiana
87	Ohio
88	Illinois
89	Canada
96	Homeless