

## BH-TEDS Q & A – Updated 04/06/2015

**\*\*\*NOTE – The Coding Instructions Document may contain more detailed answers to questions specific to response definition and selection than this Q&A Summary.\*\*\***

1. Clarification that the State Provider Identifier of CMHSP ID for the MH admission/transfer is the same value expected for that individual on the related encounter file. Thus, the CMH that is the payer (County of Financial Responsibility) should submit the record and their ID is to be utilized. [The CMHSP Provider ID of the county with financial responsibility should report the BH-TEDS and Encounter records.](#)
2. “Scenarios” document, item 9 states that 2 CMHSPs are providing services and paying, you want to see 2 admission records. “Q&A” document, item 1, states that the CMHSP that is the payer (COFR) should submit the TEDS and the encounters. These seem contradictory. Please consider the scenario of 4 different CMHSPs (from the same and different PIHPs) delivering services to a consumer. All of these CMHSPs are billing once CMH, for example, St Clair CMH as St Clair CMH is the COFR. St Clair CMH is not providing any direct services. St Clair CMH will be the only organization reporting encounters as they are the COFR. As far as state is concerned, consumer is admitted to St Clair CMH and St Clair CMH is the “CMHSP delivering services”, even though all of those services were subcontracted to other providers (which happen to be CMHSPs). Please confirm and verify that only 1 TEDS record would be expected in this case and it would be coming from St Clair CMH. If not, please explain who and how should report TEDS in this scenario. [In the COFR situation described, only one CMHSP \(St. Clair for the example given\) would report the BH-TEDS and Encounter Records. Over 99% of the time, there will be one BH-TEDS record and one CMHSP identified in encounters; however, there are some scenarios that require there to be two. Per feedback from the field and confirmation by MDCH, this is currently being done in a very small number of instances, so we added the ability to have two opened concurrently to accommodate and attempt to be exhaustive of all payer arrangement possibilities.](#)
3. Are DD Proxy and Health Measures being terminated? If so, will you be relying on SIS data to inform the Medicaid re-basing process? Will the proxy measures be eliminated from DCH's Annual Submission Report (aka PPGs)? Will they be removed from DCH's Annual Submission Report? [Due to Milliman utilizing the DD Proxy Measures for the rate model they are developing and the 3-year-roll-out of the SIS, DD Proxy measures will still need to be collected for all I/DD individuals served for the next few years. Since it is only expected to be for the short-term, they will NOT be incorporated into BH-TEDS. Instead, beginning in FY16, the DD Proxy Measures will be reported via a stripped down version of the QI which will be submitted to the Data Warehouse. DCH will provide file format for this once it is ironed out with the Warehouse. The Health Proxy measures will not be collected in BH-TEDS and we do not intend to use the mini-QI file for them. We are not aware of any changes to the Annual Submission/Needs Assessments document. Questions regarding this should be directed to Kendra Binkley at \[BinkleyK@Michigan.gov\]\(mailto:BinkleyK@Michigan.gov\).](#)

4. Can we have mapping documents for fields that are currently in existence, but additional or fewer options for the value list?

This is not available.

5. Will our historical admission dates (remain) be allowed to be reported when we start the new BH-TEDS records on 10/1/15?

MH: The first post 10/01/15 annual assessment or State Psychiatric Hospital admission will be the individual's BH-TEDS Service Start date.

SUD: For all cases except open methadone cases, the first post 09/30/15 admission will be the individual's BH-TEDS Service Start date. Methadone cases will have an honorary BH-TEDS Service Start record added with the original admission date as the BH-TEDS Start date

6. For an SUD client who started services prior to 10/1/15, the first BH-TEDS record sent will be an update (not admission), correct?

- a. Updates cannot be sent unless a Service Start (admission) record is in BH-TEDS. So, every initial BH-TEDS submission will be a Service Start Record.

- b. SUD does not currently have an update option.

- c. For SUD specifically:

- a. Individuals open prior to 10/01/15 who are **not** receiving methadone services will have an open-ended Admission in SUD-TEDS that never gets discharged. Their first BH-TEDS submission will be a Service Start Record at their first post 09/30/15 admission.

- b. Individuals open prior to 10/01/15 who **are** receiving methadone services will have an open-ended Admission in SUD-TEDS that never gets discharged. Their first BH-TEDS submission will be a Service Start Record that is created from the information in their SUD-TEDS record and will have that original SUD-TEDS admission date as their BH-TEDS Service Start Date.

7. Should PIHPs report the same data on the new admission as was reported on the original admission? A process similar to what we did last fall for the CA transition to the PIHPs.

The first Service Start Record for MH, SUD-Non-methadone, and SUD-Methadone individuals will be submitted according to the timeline outlined in the Question #6 response. That first M record will describe the individual on the date of the annual assessment or psychiatric hospital admission. Similarly, the first A record submitted for Non-methadone SUD individuals will describe the individual on that first post-09/30/15 new admission date. In contrast, the first A record for open Methadone-SUD individuals will contain data reflecting original SUD-TEDS records submitted on the original admission date.

8. If we serve a consumer on Oct 5 and then decide to close them, should we send a MH End Record? If the individual was 'opened' pre-10/01/15, you would send no record at closure. If the individual was opened 10/01 or later, you would send an E record to close the M record you should have opened at Service Start. If the 1<sup>st</sup> and last dates of service are 10/05/15, you would send an M and an E record for 10/05/15.

9. Please define “delete” versus “erase” versus “change”

Use **change** to modify a non-key field of a record previously submitted & accepted into the state’s database.

Use **delete** to delete a record previously submitted & accepted into the state’s database. Note: when a key field needs to be corrected, the original accepted record must be deleted and then a new record, with the corrections in it, added.

Use **Erase** to erase an error from the error master without attempting to make any changes to the actual record in the database.

Refer to flowchart provided by Phil for more detail.

10. Is it acceptable to send an “Update” event record (with more information) instead of the “Change” record to the original admission? I think the clinical process may much better lend itself to creating new TEDS “Update” record, instead of having clinicians figure out a way to change the original “Admit” record that they didn’t create.

If the value of the field changed since Service Start Date, then yes, an Update could be submitted. If the data should have been different from the beginning of the service, you have the option of sending a Change record or a Delete the original record and submit an Add of the ‘corrected’ record. If the record has not been sent to MDCH, the clinician can update the fields in the PIHP system and it would be included in the Initial Service Start record submitted to MDCH. In this scenario, a C is a T1 record, when you send a U, it’s a T2 record. All U records are second point-in-time records.

11. Can “Change” record be sent for an “M” record, if there was a “U” or “E” record already submitted for that episode?

Yes if the field being changed is NOT a key field. The system will match the change to the appropriate record based on key field fields and change the original record submitted. If a key field needs to be changed, the Delete & Add option must be used.

12. When submitting a change record, do you submit a C record with values only the key fields and the fields you want ‘changed’ or do you submit a whole record with the original values in the fields you don’t want changed and new values in the fields you want changed causing it to replace the record already in the database that has the matching key fields?

The record must pass all the edits and the record must always be complete. So, the original, valid values need to be included with the changed values. In other words, make the needed changes and keep the rest as is so the will pass all edits again.

13. Can “Delete” record be sent for an “M” record, if there was a “U” or “E” record already submitted for that episode?

In a word 'yes', but it depends on the situation. For example, you can 'delete' an M record and 'add' a new one without going through all of the layers as long as you are not changing a key field. If you are changing a key field, it will be necessary to delete & add the affected "U" or "E" records as their key fields need to sync to the proper Service Start (admission) Record.

14. Could you please walk through the scenario of "SSN" or "Admit Date" (key fields) changing on an admission that had an "M" (start) and "U" records already sent?

Since SSN and Admit Dates are key fields, you would have to delete the record that was submitted and accepted, and then submit a new M to replace it. Since the U records are dependent on the SSN and Admit Date on the M record, the U record would have to be deleted and a new U submitted with the correct information. The system will put the records in reverse-chronological order, so if you send the Ds and Ms and Us in the same batch, the MDCH system will re-order and delete then add the appropriate records in sequence.

15. The list of "Payer IDs" listed on the file spec contains only CHAMPS PIHP identifiers for SUD:

1182841	Salvation Army-Harbor Light
2813621	NorthCare Network
2813628	Northern MI Regional Entity
2813626	Lakeshore Regional Entity
2813623	Southwest Michigan Behavioral Health
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

Does it mean that only 1 ID will be used after 10/01/15 or will there be different Payer IDs for MH BH-TEDS records?

There will be one & only one Payer ID. We have selected to use the codes in the chart which are the same as the codes currently being used for SUD-TEDS.

16. Since "There will be one & only one Payer ID...currently being used for SUD-TEDS.", does it mean that starting with 10/01, the PIHP Other Payer Loop on MH encounters will change from current value to the new set of values? If not, wouldn't CHAMPS have issues linking encounters to 'eligibility' file that will be established by BH-TEDS?

Nothing will need to change with MH encounters. There will be no issues with CHAMPS and the eligibility file. The BH-TEDS-CHAMPS interface will use the DEG Mailbox IDs and not any CHAMPS Payer IDs to identify the submitter.

1	NorthCare Network	101
2	NMRE	108
3	LRE	00ZI
4	SWMBH	102
5	Mid State Health Network	107
6	CMH Partnership of SE Michigan	00XT
7	Detroit-Wayne MHA	00XH
8	Oakland	58
9	Macomb	00GX
10	Region 10	109

17. What if someone doesn't have or refuses to provide a Social Security Number?

Value 999999997 has been added for 'refused to provide' and 999999998 has been added for 'N/A – Individual does not have a social security number'.

18. Is "Days Waiting to Enter Treatment" self-report or PIHP calculated?

"Days Waiting to Enter Treatment" has been re-named "**Time to Treatment**". It is a federal requirement measuring the number of days between the date the individual first contacted your agency and the date of his/her first face-to-face service. It is **not** the performance indicator. The performance indicator will continue to be calculated and reported separately utilizing the same definitions that are currently in place.

19. Is referral Source self-report? If it is, how should the situation be handled where the CMHSP/PIHP knows the referral source and it's inconsistent with self-report.

It is self-report. The PIHP should ascertain the actual, true referral source. Referral Source answers the question "Who directed you to this program?"

20. What level of agency involvement is required to constitute a detailed criminal justice referral?

A Referral Source of 07 Criminal Justice Referral requires the detailed criminal justice referral field to be completed. 07 is selected as the referral source when a criminal justice agency directs the individual to treatment.

21. What is meant by "Residential treatment Center"? When would it be used instead of "State Mental Health Agency funded/operated Community-Based Program"? Should individuals receiving services in a specialized residential setting (group home) be a 73 or 74?

Per Federal definitions, a residential treatment center (74) is an organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care. State Mental Health...Program (73) includes community mental health centers, outpatient clinics, partial care organizations, PACT programs, consumer run programs, and all community support programs (CSP). A specialized residential setting (group home) is a community-based program (73).

22. In looking for a definition of what “Codependent/Collateral Person Served” is, I ran across this: <http://www.samhsa.gov/data/sites/default/files/WebTEDSNational2010/TEDS2010NAppB.htm>. It looks like this field is only applicable to SUD. Is that correct (and ‘field requirements’ has a mistake)? If not, what’s the definition of it for BH-TEDS purposes?  
Yes, codependent/collateral person served is an SUD concept. It is required that you answer it in BH-TEDS in that, if the individual is a mental health client, “2 – Client” would be selected.
23. I/DD Designation – Are these episodes at any treatment provider or just the one currently providing the service? How is an “episode” defined? Is this self-report?  
There is one M record for the PIHP that includes all designations for which the individual is currently receiving services, regardless of individual provider. The designation(s) selected on a U, E or D record may be different than that on the M or A record. An episode is defined as the period of service between the beginning of a treatment services and the termination of services prescribed in the treatment plan.
24. A detailed question regarding the file spec: If MI/SED designation = “2”, what values are valid for “Detailed SMI/SED Status”? Can it be “7” or “4”, or just “4”? Similarly, if MI/SED designation = “1”, which values are valid for “Detailed SMI/SED Status” (we are not sure about “7”).  
If MI/SED designation = “1”, “Detailed SMI/SED Status” could be any of the values listed except 7 because if you’re saying they ‘are’ then you’ve evaluated them. If the individual has MI but not is not SMI or SED, 4 would be used. If MI/SED designation = “2” responses can be 4 or 7.
25. What is meant by “at risk of SED”?  
This response was determined optional by SAMHSA; hence, it has been removed from the selection of responses for A018 and DU018 Detailed SMI/SED Status.
26. Is gender the individual’s perceived gender? How are other genders handled?  
It is the gender the person considers him/herself.
27. Race codes as defined in BH-TEDS are missing a value that is required by §170.207(f) MU/CMS standard – specifically “Native Hawaiian or Other Pacific Islander” is missing from the list. Each MU certified system is required to keep track of this race. Can this value be added to the list? It seems to be part of most various federal data sets, from what I could tell.  
That was my error. Thank you for bringing it to my attention. Native Hawaiian or Other Pacific Islander has been added to the list with a code of 23.
28. What grades/levels of schooling is School Attendance Status applicable?  
Select Yes or No for all school-age children, 3-17 years old, including young adults 18-21 who are protected under the IDEA. Grade/levels include everything from nursery through non-college trade/vocational school. Home-schooling is considered attending school.

29. Has the 95% reporting of minimum wage yes/no reporting requirement been eliminated in BH-TEDS?

No. It continues in column 112-113 in BH-TEDS.

30. There is a field called Medication-assisted Opioid Therapy on the Admission, with response options of Y/N/NA. Is it expected that only a licensed Methadone provider should select “Yes”? Or if a non-Methadone provider (like the CMH) knows that the client is getting Medication-assisted Opioid treatment somewhere else, should they select Yes?

Only licensed methadone providers are able to answer Y (Yes) in this field.

31. What is MDCH’s definition of “integrated treatment”? If a client seen at a CMH attends a smoking cessation group, is that “integrated treatment”? How about if a CMH client’s IPOS includes an outcome “will attend AA meetings regularly in the community”?

Integrated treatment occurs when an individual receives MH and SU services at a single facility under an integrated treatment plan. Further, if it is an A record, the site must have a LARA license for **Integrated Treatment**. A single goal or action (attend smoking cessation group or AA meetings regularly in the community) in itself does not make it integrated treatment.

32. When submitting an M record with Integrated Treatment = ‘Yes’, what is expected for encounters? If Integrated Treatment is ‘Yes’, MDCH would expect both MH and SUD encounters and that the HH modifier be used.

33. When submitting an M record with Integrated Treatment = ‘Yes’, should the client be included in the MI row for PI indicators?

Yes

34. Can the diagnosis fields be changed to match the Meaningful Use problem list format as the proposed format limits us to 3 MI/DD diagnoses when they currently have four, and, SUD clients could have multiple SUD diagnoses.

The diagnosis fields are federally required the way they are formatted in the specifications. PIHPs are welcome to add additional diagnoses in their systems if beneficial to them; however, only up to 3 MI/I/DD and up to 1 SU diagnosis should be reported via TEDS. I will continue to raise this concern with the Feds.

35. Is there any correlation between the diagnosis on the encounters and the one in BH-TEDS?

BH-TEDS records are a point in time record about the person. Diagnoses on the actual encounters are more a description about the reason for the service. Hence, diagnosis on the BH-TEDS record may or may not be the same on a particular encounter.

36. Can “not applicable” be added as an option to Substance Use Diagnosis?

The federal responses do not include a not applicable option for this field.

37. Is there room for non-100% completion in circumstances such as crisis-only, assessment only, co-located only services, jail diversion screenings, individuals hospitalized after pre-screening and choose not to participate in CMH services at discharge?

“Not collected at this co-location service” and “not collected for this crisis-only service” responses have been added to the following non-NOMS fields: Pregnant at start date of services; Mainstream Special Education Status; Education; School Attendance; Marital Status; Veteran Status; Minimum Wage; Annual Income; Number of Dependents; Corrections-related Status. Place of service reported in encounters will be used to verify co-located services. Only one encounter is expected for a ‘crisis only’ service.

38. Are we to ‘recollect’ data at update and discharge?

Yes. Since BH-TEDS is a T1-T2 model, the data must be collected for each submission. In cases where an individual stops coming to treatment and the information cannot be recollected, the D or E record should be created using the best information available, which may be from progress notes or other parts of the individual’s record.

39. If a consumer is discharged because they’re no longer eligible for services, would we select 03 or 07?

					Code	Description
Reason for Service Update/End	Text	2	84	85	01	Treatment completed
					02	Dropped out of treatment
					03	Terminated by facility
					04	Transferred to another treatment program or facility
					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)

It depends on why the consumer is “no longer eligible”. 03, Terminated by facility, is used when the facility terminates treatment for reasons of non-compliance with treatment or violation of rules, laws, etc. S/he could not be eligible due to incarceration (05), Death (06). If the individual completed all parts of the treatment plan and no longer met medical criteria, 01 is used. If one of the listed reasons is not why s/he is “no longer eligible”, then 07, Other, is appropriate.

40. Clarification on how to handle consumers moving from one system to another, for example moving from mental health to SUD back to MH; or moving from MH to psychiatric inpatient to medical hospital back to mental health - specific examples of how to handle these circumstances would be helpful.

SUD (A) and MH (M) records may be concurrent or sequential. For example, an SUD individual is referred to MH for services. The A record remains unchanged and has its own D when individual is

discharged from LARA licensed program. Meanwhile, an M record is added effective on the first date of MH treatment service. The M record is updated (U) at least annually and has its own end (E) record at the end of treatment.

Individuals receiving integrated substance use and mental health treatment at one facility will only have one record: an A (if LARA-licensed) or an M (if non-LARA licensed or MH funded) with all fields required.

A separate M record must be submitted when an individual receiving MH services is admitted to a State Psychiatric Hospital. If the individual remains open at the CMHSP, there would be two (2) concurrent M records. The admission date and time fields are used to join the U and E records with the appropriate admission. The PIHP may opt to handle this situation with consecutive records, Ending the MH service record and Adding a new Service Start record for the State Hospital admission.

A separate M record is submitted for each CMHSP providing and paying for services to an individual.

Service updates/ends are not necessarily needed when an individual with an M record is admitted to a medical hospital. Service Updates/Ends are dependent on MH activity.

41. “Scenarios” document, item 6a implies that we can send multiple admissions for the same Payer ID/State Provider ID/Consumer ID with different “Type of Treatment” categories (multiple MH admissions open at the same time). Is that true?

Yes, as long as the records are for different Service Settings.

42. If more than 12 months have passed since a BH-TEDS record was accepted in CHAMPS for a client, can we still send encounters or will we see an error that no encounters can be accepted because the BH-TEDS record is more than 12 months old?

Right now, the end date is set up as 2999, so once a record is accepted into BH-TEDS, encounters will be accepted into CHAMPS through 2999. The BH-TEDS Team is working with CHAMPS to define an eligibility file to be used instead of the BH-TEDS record. With the implementation of a separate eligibility file, this will not be an issue.

The required annual updates will be done through an auditing system, much like it is now.

43. Can we send a BH-TEDS record every month, even if nothing has changed? Can we send a BH-TEDS record each time there is ANY change on any of the fields?

Remember, BH-TEDS is a Time 1 – Time 2 system. PIHPs should not send monthly files when nothing has changed because they’ll clog the system with data showing no changes/improvement undermining the purpose and analysis potential of the system. MDCH is setting the floor of when records must be submitted. PIHPs may submit additional files, if they wish, when ANY change occurs as long as all of the responses reflect the individual’s status on the date of the record. For example, if a PIHP wants to send an update record for an individual who moved (changed living arrangement) on 11/15/15. All fields on that update record must reflect the individual’s status (employment status, arrests in last 30 days, etc.) on 11/15/15

44. Is there any other documentation available that would define any additional edits that will be performed? Currently (in SUD world), there were requirements and dependencies between 'primary substance' and 'primary Dx code', and within various 'substance' related fields. Or can we assume there won't be any other edits related to BH-TEDS, other than the enforcement of required fields?

There will be dependency edits in BH-TEDS, but I don't think as many as are currently in SUD-TEDS. We are working with DTMB now to establish those edits. As soon as I have them, I will forward them to the field. I would say starting with the current SUD edits is a safe place to start.