MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES

Behavioral Health Treatment Episode Data Set (BH-TEDS)

File Specifications for PIHP Regional Entities

FY 2017

BH-TEDS START File Format (A, M)

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 5873 file.

BH-TEDS Service Start Header Format

Field Name	Type	Size	Begin	End	Comments	
EDI TYPE	Text	4	1	4	"HDDR"	
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 Bureau ID/DEG Mailbox	
EDI USER - suffix	Text	1	14	14	Blank	
EDI TRANSFER DATE	Text	8	15	22	YYYYMMDD	
EDI TRANSFER TIME	Text	4	23	26	HHMM	
EDI FILE NAME	Text	4	27	30	5873	
EDI RUN TYPE	Text	1	31	31	**Code**	**Description**
					P	Production
					T	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	Type	Size	Begin	End		Comments
NOTE: 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.							
A001	Client Transaction Type	Text	1	1	1	**Code**	**Description**
						A	Initial Service Start Record (SA)
						M	Initial Service Start Record (MH)
A002	System Transaction Type	Text	1	2	2	**Code**	**Description**
						A	Add
						C	Change
						D	Delete
						E	Error Erase

Field ID	Field Name	Type	Size	Begin	End		Comments
A003	Payer ID	Text	7	3	9	**Code**	**Description**
						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
A004	State Provider Identifier	Text	7	10	16	CMHSP ID for MH records	
						6 digit LARA license preceded by a zero for SA records	
A005	Unique PIHP Person Identifier	Text	11	17	27		
A006	Social Security Number	Text	9	28	36	**Code**	**Description**
						nnnnnnnnn	Individual's actual social security number
						999999997	Refused to provide
						999999998	N/A - Individual does not have a social security number
A007	Medicaid ID	Text	10	37	46	ID regardless of current eligibility; otherwise, blank	
A008	MIChild ID	Text	10	47	56	If no ID, leave blank	
A009	Medicare ID	Text	11	57	67	If no ID, leave blank	
A010	SDA, SSI, SSDI Enrolled	Text	1	68	68	**Code**	**Description**
						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 - military time	
A013	Time to Treatment	Text	3	81	83	Number of days between first contact/request for service and the first face-to-face treatment.	
A014	Referral Source	Text	2	84	85	**Code**	**Description**
						01	Individual
						02	Alcohol/drug abuse care provider
						03	Other health care provider
						04	School (Educational)
						05	Employer/Employee Assistance Program (EAP)
						06	Other community referral
						07	Court/criminal justice referral/DUI/DWI

Field ID	Field Name	Type	Size	Begin	End		Comments
A015	Detailed Criminal Justice Referral	Text	2	86	87	**Code**	**Description**
						01	Federal/State court (i.e. Circuit, District, Probate)
						02	Other court (i.e. Municipal)
						03	Probation/parole
						04	Other recognized legal entities (i.e. local law enforcement, corrections, youth services, review board/agency)
						05	Diversionary program
						06	Prison
						07	DUI/DWI
						08	Other
						96	Not Applicable
A016	Type of Treatment Service Setting	Text	2	88	89	**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
						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	MH individual receiving assessment or evaluation only.
A017	Codependent/Collateral Person Served	Text	1	90	90	**Code**	**Description**
						1	Codependent/collateral individual
						2	Client
A018	I/DD Designation	Text	1	91	91	**Code**	**Description**
						1	Yes
						2	No
						3	Not evaluated
A019	MI/SED Designation	Text	1	92	92	**Code**	**Description**
						1	Yes
						2	No
						3	Not evaluated

Field ID	Field Name	Type	Size	Begin	End		Comments
A020	Detailed SMI/SED Status	Text	1	93	93	**Code**	**Description**
						1	SMI
						2	SED
						4	Neither SMI nor SED
						7	Not evaluated OR is an SUD (A) record without integrated treatment
A021	Prior Treatment Episodes	Text	1	94	94	**Code**	**Description**
						0	0 previous episodes
						1	1 previous episode
						2	2 previous episodes
						3	3 previous episodes
						4	4 previous episodes
						5	5 or more previous episodes
						7	Unknown
A022	Date of Birth	Text	8	95	102	MMDDYYYY	
A023	Gender	Text	1	103	103	**Code**	**Description**
						1	Male
						2	Female
A024	Pregnant on Service Start Date	Text	1	104	104	**Code**	**Description**
						1	Yes - female individual was pregnant on the date service started.
						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	2 character code from BH County Codes Appendix corresponding to individual's place of residence	
A026	Race	Text	2	107	108	**Code**	**Description**
						01	Alaskan native (Aleut, Eskimo)
						02	American Indian (non-Alaskan native)
						04	Black or African American
						05	White
						13	Asian
						20	Other single race
						21	Two or more races
						23	Native Hawaiian or other Pacific Islander
						97	Refused to provide

Field ID	Field Name	Type	Size	Begin	End		Comments
A027	Hispanic or Latino Ethnicity	Text	2	109	110	**Code**	**Description**
						01	Puerto Rican
						02	Mexican
						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
A028	Currently in Mainstream Special Education Status	Text	1	111	111	**Code**	**Description**
						1	Yes
						2	No
						7	Not collected at this co-located service.
						8	Not collected for this crisis-only service.
A029	Education	Text	2	112	113	**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
						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.

Field ID	Field Name	Type	Size	Begin	End		Comments
A030	School Attendance Status	Text	1	114	114	**Code**	**Description**
						1	Yes, client has attended school at any time in the past 3 months
						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.
A031	Marital Status	Text	2	115	116	**Code**	**Description**
						01	Never married
						02	Now married/cohabiting
						03	Separated
						04	Divorced
						05	Widowed
						97	Not collected at this co-located service.
						98	Not collected for this crisis-only service.
A032	Veteran Status	Text	1	117	117	**Code**	**Description**
						1	Veteran
						2	Not a veteran
						7	Not collected at this co-located service.
						8	Not collected for this crisis-only service.
A033	Employment Status	Text	2	118	119	**Code**	**Description**
						01	Full-time competitive, integrated employment
						02	Part-time competitive, integrated employment
						03	Unemployed
						04	Not in competitive, integrated labor force
						98	N/A - individual is under 16 years of age
A034	Detailed 'Not in Competitive, Integrated Labor Force'	Text	2	120	121	**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
						60	Discouraged Worker
						61	Unpaid volunteering, community service, etc.
						62	Micro-enterprise
						63	In enclaves/mobile crews/agency-owned transitional employment

Field ID	Field Name	Type	Size	Begin	End		Comments
A034 (cont)	Detailed 'Not in Competitive, Integrated Labor Force' (continued)	Text	2	120	121	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
A035	Minimum Wage	Text	2	122	123	**Code**	**Description**
						01	Individual is currently earning minimum wage or more.
						02	Individual is currently earning less than minimum wage.
						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 co-located service. Enter 9999998 for Not collected for this crisis-only 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.
A038	Primary Substance Use Problem	Text	2	132	133	**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
						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

Field ID	Field Name	Type	Size	Begin	End		Comments
A039	Primary Route of Administration	Text	2	134	135	**Code**	**Description**
						01	Oral
						02	Smoking
						03	Inhalation
						04	Injection
						20	Other
						96	Not applicable
A040	Primary Frequency of Use	Text	2	136	137	**Code**	**Description**
						01	No use in the past month
						02	1-3 days in the past month
						03	1-2 days in the past week
						04	3-6 days in the past week
						05	Daily
						96	Not applicable
A041	Primary Age at First Use	Text	2	138	139	**Code**	**Description**
						00	Newborn with substance dependency problem
						01-95	Age at first use, in years
						96	Not applicable
A042	Secondary Substance Use Problem	Text	2	140	141	**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
						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

Field ID	Field Name	Type	Size	Begin	End		Comments
A043	Secondary Route of Administration	Text	2	142	143	**Code**	**Description**
						01	Oral
						02	Smoking
						03	Inhalation
						04	Injection
						20	Other
						96	Not applicable
A044	Secondary Frequency of Use	Text	2	144	145	**Code**	**Description**
						01	No use in the past month
						02	1-3 days in the past month
						03	1-2 days in the past week
						04	3-6 days in the past week
						05	Daily
						96	Not applicable
A045	Secondary Age at First Use	Text	2	146	147	**Code**	**Description**
						00	Newborn with substance dependency problem
						01-95	Age at first use, in years
						96	Not applicable
A046	Tertiary Substance Use Problem	Text	2	148	149	**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
						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

Field ID	Field Name	Type	Size	Begin	End		Comments
A047	Tertiary Route of Administration	Text	2	150	151	**Code**	**Description**
						01	Oral
						02	Smoking
						03	Inhalation
						04	Injection
						20	Other
						96	Not applicable
A048	Tertiary Frequency of Use	Text	2	152	153	**Code**	**Description**
						01	No use in the past month
						02	1-3 days in the past month
						03	1-2 days in the past week
						04	3-6 days in the past week
						05	Daily
						96	Not applicable
A049	Tertiary Age at First Use	Text	2	154	155	**Code**	**Description**
						00	Newborn with substance dependency problem
						01-95	Age at first use, in years
						96	Not applicable
A050	Medication-assisted Opioid Therapy	Text	1	156	156	**Code**	**Description**
						1	Yes
						2	No
						6	Not applicable
A051	Integrated Substance Use and Mental Health Treatment	Text	1	157	157	**Code**	**Description**
						1	Yes, client with co-occurring substance use and mental health problems is being treated with an integrated treatment plan by an integrated team.
						2	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.
						3	Client with co-occurring substance use and mental health problems is NOT currently receiving integrated treatment.
A052	Living Arrangements	Text	2	158	159	**Code**	**Description**
						01	Homeless
						02	Dependent living (SUD Only)
						03	Independent living (SUD Only)
						22	Residential care/AFC (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)
						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)

Field ID	Field Name	Type	Size	Begin	End		Comments
A052 (cont)	Living Arrangements (continued)	Text	2	158	159	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)
A053	Detailed Residential Care Living Arrangement	Text	3	160	162	**Code**	**Description**
						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
A055	Corrections Related Status	Text	2	165	166	**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
						07	Pre-trial (Adult) / Preliminary hearing (Youth)
						08	Pre-sentencing (Adult)/Pre-disposition (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.
A056	Attendance at ***Substance Use*** or Co-dependent Self-help Groups in Past 30 Days	Text	2	167	168	**Code**	**Description**
						01	No attendance
						02	Less than once a week - 1 to 3 times in past 30 days
						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 only)

Field ID	Field Name	Type	Size	Begin	End		Comments
						Code	Description
A057	Diagnostic Code Set Identifier	Numeric	1	169	169	~~1~~	~~DSM-IV~~
						~~2~~	~~ICD-9~~
						3	ICD-10
						~~4~~	~~DSM-5~~
A058	Substance Use Diagnosis	Text	8	170	177	Valid Entries	
						xxx.xxxx	
						xxx_ _ _ _ _ where "_" represents a blank	
						xxx. _ _ _ _ where "_" represents a blank	
						xxx.x_ _ _ where "_" represents a blank	
						xxx.xx _ _ where "_" represents a blank	
						xxx.xxx _ where "_" represents a blank	
						999.9997 if no substance use diagnosis exists OR it has not been determined if an SU diagnosis exists based on the assessment performed.	
A059	MH Diagnostic Code One	Text	8	178	185	Valid Entries	
						xxx.xxxx	
						xxx_ _ _ _ _ where "_" represents a blank	
						xxx. _ _ _ _ where "_" represents a blank	
						xxx.x_ _ _ where "_" represents a blank	
						xxx.xx _ _ where "_" represents a blank	
						xxx.xxx _ where "_" represents a blank	
						999.9997 if no primary mental health diagnosis exists OR it has not been determined if a primary MH diagnosis exists based upon assessment performed.	
A060	MH Diagnostic Code Two	Text	8	186	193	Valid Entries	
						xxx.xxxx	
						xxx_ _ _ _ _ where "_" represents a blank	
						xxx. _ _ _ _ where "_" represents a blank	
						xxx.x_ _ _ where "_" represents a blank	
						xxx.xx _ _ where "_" represents a blank	
						xxx.xxx _ where "_" represents a blank	
						999.9997 if no secondary mental health diagnosis exists OR it has not been determined if a secondary MH diagnosis exists based upon assessment performed.	

Field ID	Field Name	Type	Size	Begin	End		Comments
A061	MH Diagnostic Code Three	Text	8	194	201	Valid Entries	
						xxx.xxxx	
						xxx_ _ _ _ _ where "_" represents a blank	
						xxx. _ _ _ _ where "_" represents a blank	
						xxx.x_ _ _ where "_" represents a blank	
						xxx.xx _ _ where "_" represents a blank	
						xxx.xxx _ where "_" represents a blank	
						999.9997 if no tertiary mental health diagnosis exists OR it has not been determined if a tertiary MH diagnosis exists based upon assessment performed.	
A062	Legal Status at Admission to State Hospital	Text	2	202	203	**Code**	**Description**
						01	Voluntary - self
						02	Voluntary - others
						03	Involuntary - civil
						04	Involuntary - criminal
						05	Involuntary - juvenile justice
						06	Involuntary -civil - sexual
						96	Not applicable
A063	LOCUS Composite Score	Numeric	2	204	205	**Code**	**Description**
						nn	2-digit composite score
						95	Not applicable for FY16 record submitted in FY17 Format.
						96	Not applicable (non-MI-Adult individuals served)
						97	Not collected at this co-located service.
						98	Not collected for this crisis-only service.
A064	LOCUS Assessment Date	Numeric	8	206	213	Valid Entries	
						MMDDYYYY	Date of assessment
						09302099	Used when A063 is 95, 96, 97, or 98
A065	Work/Task Hours	Numeric	3	214	216	nnn	Number of hours in the past 2 weeks that the individual performed work/tasks specific to Employment Statuses (A033): 01, 02, 03 OR number 04 with Detailed not in Labor force (A034) of 02, 07, 61, 62, 63, or 64)
						995	Not applicable for FY16 record submitted in FY17 Format.
						996	Not applicable used for all other Employment status/Detailed not in competitive labor force combinations
						997	Not collected at this co-located service.
						998	Not collected for this crisis-only service.
A066	Earnings per hour	Text	5	217	221	dd.cc	Amount earned per hour in the past 2 weeks that the individual performed work/tasks specific to Employment Statuses (A033): 01, 02, 03 OR number 04 with Detailed not in Labor force (A034) of 02, 07, 61, 62, 63, or 64)
						95.95	Not applicable for FY16 record submitted in FY17 Format.
						96.96	Not applicable used for all other Employment status/Detailed not in competitive labor force combinations
						97.97	Not collected at this co-located service.
						98.98	Not collected for this crisis-only service.

Field ID	Field Name	Type	Size	Begin	End		Comments
A067	Error ID	Numeric	8	222	229		
A068	Filler	Text	82	230	311		

BH-TEDS Service Start Trailer Format

Field Name	Type	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	
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	HHMM	
EDI FILE NAME	Text	4	35	38	5873	
EDI RUN TYPE	Text	1	39	39	**Code**	**Description**
					P	Production
					T	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	263	49	311		

BH-TEDS UPDATE/END File Format (U, D, E)

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EDI FILE NAME	Text	4	27	30	5875	
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					T	Test
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FILLER	Text	240	35	274		

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DU001	Client Transaction Type	Text	1	1	1	**Code**	**Description**
						D	SA End Record
						U	Update Record
						E	MH End Record
DU002	System Transaction Type	Text	1	2	2	**Code**	**Description**
						A	Add
						C	Change
						D	Delete
						E	Error Erase

Field ID	Field Name	Type	Size	Begin	End		Comments
DU003	Payer ID	Text	7	3	9	**Code**	**Description**
						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
DU004	State Provider Identifier	Text	7	10	16	CMHSP ID for MH recpods	
						6 digit LARA license preceded by a zero for SA admissions	
DU005	Unique PIHP Person Identifier	Text	11	17	27		
DU006	Social Security Number	Text	9	28	36	**Code**	**Description**
						nnnnnnnnn	Individual's actual social security number
						999999997	Refused to provide
						999999998	N/A - Individual does not have a social security number
DU007	Medicaid ID	Text	10	37	46	ID regardless of current eligibility; otherwise, blank	
DU008	MIChild ID	Text	10	47	56	If no ID, leave blank	
DU009	Medicare ID	Text	11	57	67	If no ID, leave blank	
DU010	SDA, SSI, SSDI Enrolled	Text	1	68	68	**Code**	**Description**
						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 - military time	
DU013	Type of Update/Ending Treatment Service/Setting	Text	2	81	82	**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
						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	MH individual receiving assessment or evaluation

Field ID	Field Name	Type	Size	Begin	End		Comments
DU014	Codependent/Collateral Person Served	Text	1	83	83	**Code**	**Description**
						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 - military time	
DU017	Reason for Service Update/End	Text	2	96	97	**Code**	**Description**
						01	Treatment completed
						02	Dropped out of treatment
						03	Terminated by facility
						04	Transferring 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)
DU018	I/DD Designation	Text	1	98	98	**Code**	**Description**
						1	Yes
						2	No
						3	Not evaluated
DU019	MI/SED Designation	Text	1	99	99	**Code**	**Description**
						1	Yes
						2	No
						3	Not evaluated
DU020	Detailed SMI/SED Status	Text	1	100	100	**Code**	**Description**
						1	SMI
						2	SED
						4	Neither SMI nor SED
						7	Not evaluated OR is an SUD (A) record without integrated treatment
DU021	Currently in Mainstream Special Education Status	Text	1	101	101	**Code**	**Description**
						1	Yes
						2	No
						7	Not collected at this co-located service.
						8	Not collected for this crisis-only service.
						Code	**Description**
						00	No schooling or less than one school grade
						72	Nursery school, pre-school, or head start
						73	Kindergarten

Field ID	Field Name	Type	Size	Begin	End		Comments
DU022	Education	Text	2	102	103	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
						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.
DU023	School Attendance Status	Text	1	104	104	**Code**	**Description**
						1	Yes, client has attended school at any time in the past 3 months
						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.
DU024	Employment Status	Text	2	105	106	**Code**	**Description**
						01	Full-time competitive, integrated employment
						02	Part-time competitive, integrated employment
						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.

Field ID	Field Name	Type	Size	Begin	End		Comments
DU025	Detailed 'Not in Competitive, Integrated Labor Force'	Text	2	107	108	05	Receiving services from institutional facility
						07	Participates in sheltered workshop
						60	Discouraged Worker
						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
DU026	Minimum Wage	Text	2	109	110	**Code**	**Description**
						01	Individual is currently earning minimum wage or more.
						02	Individual is currently earning less than minimum wage.
						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 co-located service. Enter 9999998 for Not collected for this crisis-only 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.
DU029	Primary Substance Use Problem	Text	2	119	120	**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
						10	Methamphetamine/speed
						11	Other amphetamines
						12	Other stimulants
						13	Benzodiazepines
						14	Other tranquilizers
						15	Barbiturates

Field ID	Field Name	Type	Size	Begin	End		Comments
						16	Other sedatives/hypnotics
						17	Inhalants
						18	Over-the-counter medications
						20	Other drugs
DU030	Primary Frequency of Use	Text	2	121	122	**Code**	**Description**
						01	No use in the past month
						02	1-3 days in the past month
						03	1-2 days in the past week
						04	3-6 days in the past week
						05	Daily
						96	Not applicable
DU031	Secondary Substance Use Problem	Text	2	123	124	**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
						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
DU032	Secondary Frequency of Use	Text	2	125	126	**Code**	**Description**
						01	No use in the past month
						02	1-3 days in the past month
						03	1-2 days in the past week
						04	3-6 days in the past week
						05	Daily
						96	Not applicable

Field ID	Field Name	Type	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
DU033	Tertiary Substance Use Problem	Text	2	127	128	09	Hallucinogens
						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
						02	1-3 days in the past month
DU034	Tertiary Frequency of Use	Text	2	129	130	03	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/AFC (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)
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 non-relative (MH Only)

Field ID	Field Name	Type	Size	Begin	End		Comments
						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)
DU036	Detailed Residential Care Living Arrangement	Text	3	133	135	**Code**	**Description**
						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
DU038	Corrections Related Status	Text	2	138	139	**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
						07	Pre-trial (Adult) Preliminary hearing (Youth)
						08	Pre-sentencing (Adult)/Pre-disposition (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.
DU039	Attendance at ***Substance Use*** or Co-dependent Self-help Groups in Past 30 Days	Text	2	140	141	**Code**	**Description**
						01	No attendance
						02	Less than once a week - 1 to 3 times in past 30 days
						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)

Field ID	Field Name	Type	Size	Begin	End		Comments
DU040	Diagnostic Code Set Identifier	Numeric	1	142	142	**Code**	**Description**
						~~1~~	~~DSM-IV~~
						~~2~~	~~ICD-9~~
						3	ICD-10
						~~4~~	~~DSM-5~~
DU041	MH Diagnostic Code One	Text	8	143	150	Valid Entries	
						xxx.xxxx	
						xxx_ _ _ _ _ where "_" represents a blank	
						xxx. _ _ _ _ where "_" represents a blank	
						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.	
DU042	MH Diagnostic Code Two	Text	8	151	158	Valid Entries	
						xxx.xxxx	
						xxx_ _ _ _ _ where "_" represents a blank	
						xxx. _ _ _ _ where "_" represents a blank	
						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.	
DU043	MH Diagnostic Code Three	Text	8	159	166	Valid Entries	
						xxx.xxxx	
						xxx_ _ _ _ _ where "_" represents a blank	
						xxx. _ _ _ _ where "_" represents a blank	
						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	LOCUS Composite Score	Numeric	2	167	168	**Code**	**Description**
						nn	2-digit composite score
						95	Not applicable for FY16 record submitted in FY17 Format.
						96	Not applicable (non-MI-Adult individuals served)
						97	Not collected at this co-located service.
						98	Not collected for this crisis-only service.
DU045	LOCUS Assessment Date	Numeric	8	169	176	Valid Entries	
						MMDDYYYY	Date of assessment
						09302099	Used when DU044 is 95, 96, 97, OR 98.

Field ID	Field Name	Type	Size	Begin	End		Comments
DU046	Work/Task Hours	Numeric	3	177	179	nnn	Number of hours in the past 2 weeks that the individual performed work/tasks specific to Employment Statuses (A033): 01, 02, 03 OR number 04 with Detailed not in Labor force (A034) of 02, 07, 61, 62, 63, or 64)
						995	Not applicable for FY16 record submitted in FY17 Format.
						996	Not applicable used for all other Employment status/Detailed not in competitive labor force combinations
						997	Not collected at this co-located service.
						998	Not collected for this crisis-only service.
DU047	Earnings per hour	Text	5	180	184	dd.cc	Amount earned per hour in the past 2 weeks that the individual performed work/tasks specific to Employment Statuses (A033): 01, 02, 03 OR number 04 with Detailed not in Labor force (A034) of 02, 07, 61, 62, 63, or 64)
						95.95	Not applicable for FY16 record submitted in FY17 Format.
						96.96	Not applicable used for all other Employment status/Detailed not in competitive labor force combinations
						97.97	Not collected at this co-located service.
						98.98	Not collected for this crisis-only service.
DU048	Error ID	Numeric	8	185	192		
DU049	Filler	Text	82	193	274		

BH-TEDS Service Update/End Trailer Format

Field Name	Type	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	HHMM	
EDI FILE NAME	Text	4	35	38	5875	
EDI RUN TYPE	Text	1	39	39	**Code**	**Description**
					P	Production
					T	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

Code	County
00	Out of State (other than those listed in codes 85-89)
01	Alcona
02	Alger
03	Allegan
04	Alpena
05	Antrim
06	Arenac
07	Baraga
08	Barry
09	Bay
10	Benzie
11	Berrien
12	Branch
13	Calhoun
14	Cass
15	Charlevoix
16	Cheboygan
17	Chippewa
18	Clare
19	Clinton
20	Crawford
21	Delta
22	Dickinson
23	Eaton
24	Emmet
25	Genesee
26	Gladwin
27	Gogebic
28	Grand Traverse
29	Gratiot
30	Hillsdale
31	Houghton
32	Huron
33	Ingham
34	Ionia
35	Iosco
36	Iron
37	Isabella
38	Jackson
39	Kalamazoo
40	Kalkaska
41	Kent
42	Keweenaw
43	Lake
44	Lapeer

Code	County
45	Leelanau
46	Lenawee
47	Livingston
48	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