Coding Instructions for Michigan

Behavioral Health Treatment Episode Data Set (BHTEDS)

FY 2023

Prepared for: **Michigan PIHP Regional Entities and Individuals**

Completing BHTEDS Records

Table of Contents

LIST OF ACCRONYMS USED

AA	Alcoholics Anonymous
AFC	Adult Foster Care
ATP	Ability to Pay
BHTEDS	Behavioral Health Treatment Episode Data System
BPS	Bio-Psycho-Social
CAFAS	Child and Adolescent Functional Assessment Scale
CCBHC	Certified Community Behavioral Health Clinic
CIE	Competitive Integrated Employment
DMH	Department of Mental Health
DUI	Driving Under the Influence
DWI	Driving While Intoxicated
FASD	Fetal Alcohol Spectrum Disorder
I/DD	Intellectual/Developmental Disability
IPOS	Individual Plan of Service
LARA	Michigan Department of Licensing & Regulatory Affairs
LOC	Level of Care
LOCUS	Level of Care Utilization System
MBI	Medicare Beneficiary ID
MCG	Milliman Care Guidelines
MDHHS	Michigan Department of Health & Human Services
MH	Mental Health
MI	Mental Illness
NA	Narcotics Anonymous
NAS	Neonatal Abstinence Syndrome
PECFAS	Preschool and Early Childhood Functional Assessment Scale
SDA	State Disability Assistance
SED	Serious Emotional Disturbance
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SU	Substance Use
SUD	Substance Use Disorder

Client ~~Transaction~~ Record Type - A001; DU001 - Federal Field; **KEY Field**

Description: Identifies whether the record is a Service Start, Update, End or Crisis Event record for mental health (MH) or substance use (SU) services.

Value	Description	Detail
A	Initial SU Service Start record	Submitted at the first ~~face-to-face~~ non-health-home-only (S0280 ~~S0281~~) event once an individual is formally accepted into substance use treatment funded with SU dollars at a ~~licensed~~ SU provider. A separate A record is submitted for each ~~LARA Licensed~~ SU provider at which the individual receives services unless the alternate site is a part of the primary treatment organization where the client's treatment plan and record reside.
D	SU Service End Record	Submitted when an individual completely terminates SU treatment or changes to a new licensed primary SU provider. If an individual does not formerly discharge (i.e., stops showing for up for services): 1) submit a D record when no detox or residential SU services for approximately 3 days; 2) submit a D record when no O/P SU services for approximately 45 days. These are guidelines. Use clinical judgment when making final determination.
S	SU Update Record	Submitted, at least annually, to provide a data point (Time 2) in reporting the individual's status or in conducting outcome evaluation. S records do not close an episode.
M	Initial MH Service Start record	Submitted at mental health treatment initiation, which is the first ~~face-to-face~~ billable, non-brief-screening (H0002), Non-crisis-only (H2011, S9484, T1023, 90839, 90840), Non-OBRA-Assessment-only (99304-99310), Non-Health Home only (S0280 ~~S0281~~), Non-transportation-only (A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, A0427 S0209, S0215, T2001-T2005) service in an episode of care. Examples: initiation of MH assessment, authorization for on-going services, or treatment or supports encounter. A separate M record is submitted for each CMHSP paying for MH services.
E	MH Service End Record	Submitted when an individual completely terminates MH services at a CMHSP. If an individual does not formerly discharge (i.e., stops showing for up for services): 1) submit an E record when no MH services have taken place for approximately 90 days. This is a guideline. Use clinical judgment when making final determination.
U	MH Update Record	Submitted, at least annually, to provide a data point (Time 2) in reporting the individual's status or in conducting outcome evaluation. U records do not close an episode.
Q	Crisis Event Record	Submitted for a crisis event (H2011, S9484, T1023, 90839 or 90840) when there is not an open episode for the individual receiving crisis services

Guidelines:

- Report SU treatment Admission (A), Update (S) and Discharge (D) records for persons who are receiving treatment for substance use or as a codependent of persons with a substance use disorder. In rare instances where an admission is made (typically court or DOC referred) and the person is determined to not have a Primary Substance of Abuse, utilize the same coding instructions as Codependent/Collateral/Non-Using Person Served in field A017. An

admission occurs only after completion the screening process and formal admittance to a substance use treatment program.

- A person who completed only a screening or has been placed on a waiting list is NOT a substance use treatment client. Opioid Health-home Only services do not require a BHTEDS be submitted.
- A separate A-S-D episode is allowed, but not required when an SU service is provided at a separately licensed, alternate location of the primary treatment provider only if there is one treatment plan and one treatment record for the individual at the primary treatment location.
    - Examples: My Therapy Place has two (2) locations: SiteA and SiteB.
        - SiteB runs a Domestic Violence Women's Group that is not offered at SiteA. Individual admitted to SiteA has her treatment plan and EMR at SiteA. When she attends the Domestic Violence Women's Group at SiteB, the clinician notes the session in the individual's primary EMR at SiteA and must include in the notes that the session physically took place at SiteB. Only one BHTEDS A record, under the license number of SiteA is required, but a separate BHTEDS A record for each site is allowed.
        - Peer support services are provided at SiteA only. An individual receiving O/P treatment at SiteB receives peer support services only at SiteA. The individual's treatment plan and patient file are at SiteB. Peer support notes are entered into the EMR at SiteB, where the primary treatment plan resides. In the notes, the peer support specialist documents that services physically occurred at SiteA. Only one BHTEDS A record, under the license number of SiteB is required, but a separate BHTEDS A record is allowed.
- Report mental health treatment Admission (M), Update (U) and Discharge (E) records for persons receiving mental health services, including support services, assessment, or CCBHC services funded in whole or part with State of Michigan administered funds. Brief-screening only, OBRA-Assessment only, Health-Home-only, and/or Transportation-only services do not require a BHTEDS be submitted.
- CSM CCBHC Demonstration Sites who are not SAMHSA CCBHC Expansion Grantees must submit BHTEDS and encounters for all CCBHC clients. CMS CCBHC Demonstration Sites who are also SAMHSA CCBHC Expansion Grantees must submit BHTEDS and encounters for all CCBHC clients, regardless of funding source. SAMHSA CCBHC Expansion Grantees who are not CMS CCBHC Demonstration Sites are not required to submit BHTEDS or encounters but are encouraged to do so.
- When SU funds pay for SU services at a CCBHC, A-S-D records are used. When MH funds pay for SU services at a CCBHC, M-U-E records are used.
- MH non-crisis events records (Ms) are updated at least annually by completing and submitting a U record. SU has only the options of A and D. records (As) are updated at least annually by completing and submitting an S record. Crisis **only** events only have the option of Q.
- The Q record is a MH record. There is no Q record for SU.
- If an individual has multiple crisis events, a Q record only needs to be submitted if the individual does not have an open MH episode and it has been more than 90 days since the individual's most recent BHTEDS submission.
- If more than one crisis event occurs on a given day, it is allowable and preferable to combine the information from the different Q records on that day to submit the most complete Q record possible.
- If an individual's MH episode begins with a crisis event, a Q record is not required. An M record may be submitted for the beginning of the episode with a Service Start Date equal to the date of the crisis.
- Each Service Start record (A and M) should (eventually) have an associated Service End record (D and E).
- Q records are event records, rather than part of an episode, so there is no End record for a Q.

- State Psychiatric Hospital stays (Caro Center, Center for Forensic Psychiatry, Hawthorn Center, Kalamazoo Psychiatric Hospital, and Walter P Reuther Psychiatric Hospital) require a separate BHTEDS episode. 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 are two (2) concurrent M records. The admission date and Provider ID 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 (E) record and adding a new Service Start (M) record for the State Hospital admission. If the PIHP handles the state psychiatric hospitalization with consecutive records, after the hospitalization episode is ended (E) a new Service Start Record (M) must be submitted for the aftercare provided by the PIHP.
- Integrated Treatment occurs when an individual receives MH and SU treatment managed by a single entity under an integrated treatment plan. If SU pays for SU services, A, S, & D are used. If MH pays for SU services, M, U, & E are used.
- An Update (U or E) record is required whenever an individual's MI or IDD designation changes as designations are in the numerous calculations.
- In August of each year, MDHHS reconciles living arrangement of individuals covered by the HAB-Waiver reported in WSA and BHTEDS. If the BHTEDS record is Updated (U) as part of the reconciliation, an additional Update (U) at the time of annual review is not required.
- All data on a T2 record (U, S, D, and E) must reflect the individual on the Service Update/End date. That is, all data on the U, S, D, and E record is collected at time of update or service end. If there is an unplanned end of service (i.e., individual stops showing up) the Service End Date is the date of the last face-to-face service, and the data should reflect the individual at that time. If the reason for discharge is death, the date of death is the Service End Date, and the data should reflect the individual at that time. Data based on the individual's last face-to-face service should be used when the information is not available for date of death.
- When MH & SU treatment is concurrent (not integrated) at separate facilities, A, S, & D records identify the Non-Opioid-Health-Home-only (S0280 ~~S0281~~) SU-funded treatment episode while M, U, & E records identify the MH episode or MH-funded SU treatment episode. The A record start date is the first ~~face-to-face~~ service at the licensed SU provider while the M record start date is the first billable, non-brief-screening (H002), Non-crisis-only (H2011, S9484, T1023, 90839, 90840), Non-OBRA-Assessment only (99304-99310), Non-Health Home only (S0280 ~~S0281~~), Non-transportation-only (A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, S0209, S0215, T2001-T2005) ~~face-to-face~~ MH service.
- There can only be one MH Service Start Record (M) **with the same key fields** per date.
- There can only be one SU Service Start Record (A) **with the same key fields** per date.
- There can only be one service Update (S, U) or End record (D, E) **with the same key fields** per date.
- There can only be one Crisis Event Record (Q) with the same key fields per date.
- Since provider ID is a key field, which would differentiate a MH record from an SU record, an M and A may be submitted on the same date. Similarly, a U and S, U and D, S and E, or an E and D, may be submitted on the same date.
- A Q and M record may be submitted on the same date.
- There cannot be a Service Start and Update (M and U or A and S) on the same date.
- There cannot be an Update (S, U) record and End (D, E) record on the same date.
- A Service Start and Service End record on the same date is allowable. That is, an A and D are allowable on the same date and an M and E are allowable on the same date as long as the Update/End Time is later than the Service Start Time.

- A Crisis Event (Q) record may be submitted at any point regardless of the status of a MH or SU episode.

Validation Edits:

- If the Client Transaction Type field is blank or contains an invalid value, the record will be rejected.
- An A will be rejected for an individual who already has an open SU admission at the same Provider ID.
- If two or more A records are submitted with the same Service Start Date, only the first will be processed. The other(s) will be rejected.
- An M will be rejected for an individual who already has an open MH admission at the same CMH (Provider ID) unless it is a State Psychiatric Hospital admission.
- If two or more M records are submitted with the same Service Start Date only the first regular M (and first State Psych hospital M, if applicable) will be processed. The other(s) will be rejected.
- If two or more U records are submitted with the same Update/End Date and Service Start Date, only the first will be processed. The other(s) will be rejected.
- If two or more S records are submitted with the same Update/End Date and Service Start Date, only the first will be processed. The other(s) will be rejected.
- If two or more E records are submitted with the same Update/End Date and Service Start Date, only the first will be processed. The other(s) will be rejected.
- If two or more D records are submitted with the same Update/End Date and Service Start Date, only the first will be processed. The other(s) will be rejected.
- If two or more Q records are submitted with the same Service Start Date, only the first will be processed. The other(s) will be rejected.
- If a U and an E record are submitted with the same Update/End Date and Service Start Date, only the first will be processed. The other(s) will be rejected.
- If an S and a D record are submitted with the same Update/End Date and Service Start Date, only the first will be processed. The other(s) will be rejected.
- An A or M will be rejected if there is an admit/discharge in the database for the same Provider ID with Start date later than the one trying to be added. For a record to be accepted that is out of chronological sequence, the record(s) with service dates after the one to be added must be deleted, then re-added with the new record.
- An S or D record must find an A record with matching Payer ID, State Provider Identifier, Unique PIHP Person Identifier, and Service Start Date to be accepted. Similarly, a U or E record must find an M record with matching Payer ID, State Provider Identifier, Unique PIHP Person Identifier, and Service Start Date to be accepted.

System Transaction Type – A002; DU002 – Federal Field

Description: Identifies whether you are: adding a new record to the database, changing (via replacement) an existing record in the database, deleting an existing record from the database, or erasing a record from the Error Master.

Value	Description	Detail
A	Add	Add a new record to the database.
C	Change	Change non-key values in a record already in the database by replacement.
D	Delete	Delete an existing record from the database
E	Error Erase	Erase an error from the Error Master without attempting to add/correct the database.

Guidelines:

- Records are processed in the following order:
    - o   D – Deletes record(s) with matching key fields
    - o   C – Changes record(s) with matching key fields by replacing the record
    - o   A – Adds a record to the database unless the key fields match a record already in the database.
    - o   E – Erase error records from the master without touching any records in the database
- Records with a Treatment Service Setting of 96-Assessment Only cannot be Changed. They can only be added or deleted.
- When changing non-key fields, a C (Change) record is submitted. Change the fields needing change and submit the record with those changes along with all the other fields with their previously reported value so that the record can pass all the edits.
- When changing key fields, you must submit a D (Delete) record to delete the record that has already been accepted into the database <u>AND</u> an A (Add) record to add the corrected record to the database.
- When deleting a record where the individual has BHTEDS records after the deleted record, delete then re-add the subsequent records. If deleting a Service End record, but not the related Service Start record, no start records after the start date of that orphaned Service Start record will be accepted until either the start record is discharged or deleted.

Validation Edits:

- If the System Transaction Type field is blank or contains an invalid value, the record will be rejected.
- If the key fields of an A record (Payer ID, State Provider ID, Unique PIHP ID, and Service Start Date match the key fields of an existing record, the A record will be rejected as a duplicate.
- If the key fields of a C or D record do not match a record in the database, the record will be rejected with a 'no record found' error.
- If processing a D record would result in two (2) Service Start records without an End record in between, the delete will be rejected.
- If trying to delete a Service Start record that has already been updated/ended, the delete will be rejected.
- If two (or more) identical records occur in a batch, the first one will process and the subsequent one(s) will be skipped.

- If adding a record out of chronological sequence, other than a Q record, the record will not process. Delete all records after the Start/Update/End date of the record to be added, then submit adds for all records in chronological order. The re-adding of the records may occur in the one batch.

Payer ID – A003; DU003 - State Field

Description: The MDHHS-assigned 7-digit ID associated with the PIHP paying for the service.

Value	Description
2813627	CMH Partnership of Southeast Michigan
2813629	Detroit Wayne Integrated Health Network
2813626	Lakeshore Regional Entity
1183006	Macomb County Community Mental Health Services
2813625	Mid-State Health Network
2813621	NorthCare Network
2813628	Northern Michigan Regional Entity
1183015	Oakland Community Health Network
2813624	Region 10
1182841	Salvation Army-Harbor Light
2813623	Southwest Michigan Behavioral Health

Guidelines:

- The ID of the PIHP reporting the service is entered here.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.
- If the Payer ID does not match the one stored for the DEG mailbox, the record will not be processed.

State Provider Identifier – A004; DU004 – Federal Field; **KEY Field**

Description: For Mental Health records, it is the MDHHS-assigned 7-digit ID associated with the CMHSP authorizing/paying for the service. For Substance Use Disorder records, it is the LARA license number or MDHHS-assigned number of the provider at which the individual is receiving services, preceded by a zero.

Mental Health CMHSPs			
Value	**Description**	**Value**	**Description**
1182573	Allegan	1182045	Montcalm
1182063	Au Sable	1181773	Muskegon
1182134	Barry	1182448	Network180
1181576	Bay Arenac	1181807	Newaygo
1182153	Berrien	1181816	North Country
1182018	Clinton Eaton Ingham	1181853	Northeast
1181709	CMH for Central Michigan	1182107	Northern Lakes
1181594	Copper	1181905	Northpointe
2813568	Detroit-Wayne	1705289	Oakland
1181610	Genesee	1182009	Ottawa
1181727	Gogebic	1182457	Pathways
1181601	Gratiot	1181825	Pines
1181997	Hiawatha	1181782	Saginaw
1181923	Huron	1181585	Sanilac
1181834	Ionia	1181862	Shiawassee
1181763	Kalamazoo	1182143	St. Clair
1181656	Lapeer	1181979	St. Joseph
1181736	Lenawee	1181665	Summit Pointe
1181718	Lifeways	1181683	Tuscola
1181871	Livingston	1181899	Van Buren
3396315	Macomb	1181674	Washtenaw
1182116	Manistee-Benzie	1181647	West Michigan
1181988	Monroe	1182125	Woodlands

Substance Use Disorders		
Value	**Description**	**Detail**
0nnnnnn	'0' followed by the 6-digit LARA license or MDHHS-assigned number of the program providing services	To find LARA license numbers, go to: https://w2.lara.state.mi.us/VAL/License/Search Click: Business Select: Substance Abuse for License Type Enter the business' name or parts of it Click: Search *Note: You can enter any/all/none of City, County, Specialty fields* Contact Phil Chvojka at ChvojkaP@michigan.gov for MDHHS-assigned numbers.

Guidelines:

- For mental health records, (M, U, E, or Q) enter the MDHHS-assigned 7-digit provider id from the list above of the CMHSP with financial responsibility for services. This should be the same Provider ID utilized on Encounter Records.
- For substance use records (A, S, or D) enter a 0 followed by the 6-digit LARA <mark>ID or MDHHS-assigned</mark> number.
  Example: If Sample SU Counseling's LARA license number is 101234, 0101234 would be reported in this field.

Validation Edits:

- For M records, if this field is not one of the listed CMHSPs, the record will be rejected.
- If this field is blank or contains an invalid value, the record will be rejected.

Unique PIHP Person Identifier – A005; DU005 – Federal Field – **KEY Field**

Description: Identifies the individual receiving mental health and/or substance use services.

Guidelines:

- 11-character alphanumeric code assigned at the PIHP level that is unique to the individual being served.
- Must be able to be linked to the unique individual served across all records: A, M, S, U, D, E, Q, and encounters.
- Is reliably associated with the individual served across all the PIHP's services, regardless of MH or SU funding.
- Should not contain HIPAA-protected health information (PHI) or personal identifying information such as SSN, birth date, etc.
- Is not changed once established since it is used to track individuals and to link their encounter data over time.

Validation Edits:

- If this field is blank or contains non-alphanumeric values, the record will be rejected.

Social Security Number – A006; DU006 – State Field

Description: 9-digit actual social security number of the individual being served or the MDHHS-predefined number indicating the individual does not have a social security number or refused to provide it.

Value	Description
nnnnnnnnn	Individual's true social security number
999999997	Individual refused to provide their actual social security number
999999998	Individual reports not having a social security number

Guidelines:

- Enter the 9 digits of the individual's social security number, if provided or known (i.e., via MPHI look-up response, prior admission).
- Enter 999999997 if the individual refused to provide their social security number and it is otherwise not known.
- Enter 999999998 if the individual reports not having a social security number and the social security number is not otherwise known.
- If the individual's social security number becomes known during the course of treatment, minimally submit a C (change) record to the most recent record in the system. The C (change) record should contain all the original answers in the fields except social security number, which will contain the newly reported number. If there is a MH and SU episode, a change (C) should be submitted for the most recent record of each episode type.
- MHDDS and the actuaries utilize Social Security Numbers in matching BHTEDS and encounter information for numerous reports and analysis. Therefore, if a Social Security Number becomes known during the course of treatment, submit a C (change) record(s) to the record(s) (A, M, S, U, D, E, Q) in the past eighteen (18) months that could be associated with the Social Security Number. Each C (change) record should contain all the answers in the fields of the record accepted into the MDHHS BHTEDS database except for Social Security Number, which will contain the newly reported number.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.

Medicaid ID – A007; DU007 – State Field

Description: 10-digit Beneficiary ID assigned by the Michigan Department of Health & Human Services.

Guidelines:

- Individual's 10-digit Medicaid or HMP ID also known as the individual's Beneficiary ID.
- Report the ID regardless of current Medicaid/HMP eligibility. **Entry of a Medicaid ID does NOT imply that the individual is currently enrolled or eligible for Medicaid or HMP**.
- Entry of a Medicaid ID does NOT indicate that Medicaid funds are involved in payment for services.
- Validate the self-reported Medicaid ID via MPHI or similar eligibility verification system.
- If the individual refuses to provide their ID, but it is known from an MPHI look-up or prior admission, enter the validated ID rather than leaving it blank.
- MDHHS and the actuaries utilize Medicaid IDs in matching BHTEDS and encounter information for numerous reports and analysis. Therefore, if a Medicaid ID is obtained or becomes known during the course of treatment, submit a C (change) record(s) to the record(s) (A, M, S, U, D, E, Q) in the past eighteen (18) months that could be associated with the Medicaid ID. Each C (change) record should contain all the answers in the fields of the record accepted into the MDHHS BHTEDS database except for Medicaid ID, which will contain the newly reported number.
- If an individual with an open MH or SU episode gets a new Medicaid ID during the course of treatment, like in the case of adoption, submit an Update (U or S) record with an Update/End Date of the date the Medicaid ID changed. All other answers on the Update record should reflect the individual's status as of the date of the update.
- ~~If an individual with an open SU episode gets a new Medicaid ID during the course of treatment, like in the case of adoption, report the new Medicaid ID on the Discharge (D) record.~~
- If there is no known Medicaid ID, leave the field blank.

MIChild ID – A008; DU008 – State Field

Description: 10-character ID assigned by the Michigan Department of Health and Human Services for individuals enrolled in the MIChild program.

Guidelines:

- Report the ID regardless of current MIChild eligibility. Entry of a MIChild ID does NOT imply that the individual is currently enrolled or eligible for MIChild.
- Entry of a MIChild ID does NOT indicate that MIChild funds are involved in payment for services.
- Validate the self-reported MIChild ID via MPHI or similar eligibility verification system.
- If the individual refuses to provide their ID, but it is known from an MPHI look-up or other eligibility verification (i.e., WEB-DENIS), enter the validated ID rather than leaving it blank.
- If there is no known MIChild ID, leave the field blank.

Medicare ID – A009; DU009 – State Field

Description: 11-character Medicare Beneficiary ID (MBI) assigned by Social Security to individuals eligible for Medicare Part A, B, C, and/or D programs.

Guidelines:

- Medicare beneficiaries should have received their new randomly generated MBI number by 04/2019. A separate update record is not required to report the new Medicare Beneficiary ID. Simply enter the new Medicare ID on all records submitted after the number has been received. For open episodes, submit the new Medicare Beneficiary ID on the next regular Update (U or S) or End (E or D).
- Medicare ID is made up of a combination of eleven (11) randomly generated numbers and upper-case letters. Each position has a specific format. The letters S, L, O, I, B and Z are not used. No special characters are used. Example: 1EG4-TE5-MK73

- The MBI's 2nd, 5th, 8th, and 9th characters will always be a letter.
- Characters 1, 4, 7, 10, and 11 will always be a number.
- The 3rd and 6th characters will be a letter or a number.
- The dashes aren't used as part of the MBI. They won't be entered into computer systems or used in file formats.

MBI Format

Pos.	1	2	3	4	5	6	7	8	9	10	11
Type	C	A	AN	N	A	AN	N	A	A	N	N

Where will the MBI's characters go?
   C – Numeric 1 thru 9   N – Numeric 0 thru 9   AN – Either A or N   A – Alphabetic Character (A...Z); Excluding (S, L, O, I, B, Z)

Position 1 – numeric values 1 thru 9
Position 2 – alphabetic values A thru Z (minus S, L, O, I, B, Z)
Position 3 – alpha-numeric values 0 thru 9 and A thru Z (minus S, L, O, I, B, Z)
Position 4 – numeric values 0 thru 9
Position 5 – alphabetic values A thru Z (minus S, L, O, I, B, Z)
Position 6 – alpha-numeric values 0 thru 9 and A thru Z (minus S, L, O, I, B, Z)
Position 7 – numeric values 0 thru 9
Position 8 – alphabetic values A thru Z (minus S, L, O, I, B, Z)
Position 9 – alphabetic values A thru Z (minus S, L, O, I, B, Z)
Position 10 – numeric values 0 thru 9
Position 11 – numeric values 0 thru 9

- Validate the self-reported Medicare ID via MPHI or your Medicare Administrative Contractor's (MAC's) secure MBI look-up tool.
- If the individual refuses to provide their ID, but it is known from eligibility verification or MBI look-up that the individual is Medicare eligible, enter the validated ID rather than leaving it blank.
- If there is no known Medicare ID, leave the field blank.

Validation Edits:
- If this field is not blank and any field position contains an invalid value, the record will be rejected.

SDA, SSI, SSDI Enrolled – A010; DU010 – State Field

Description: Identifies whether the individual is enrolled in SDA, SSI, and/or SSDI or if an individual who otherwise qualifies for SDA is having their room & board at a substance use facility being paid by SDA funds.

Value	Description
1	Yes
2	No
7	Refused or unable to provide for this crisis event (Q only)
8	Not collected – MH BHTEDS full record exception

Guidelines:

- 'Yes', indicates the individual is, or at least reported that they are, enrolled in at least one of the programs (SDA, SSI, or SSDI) OR SDA is paying for any portion of the individual's SU room & board services.
- 'No' indicates the individual is not enrolled OR it is not known if the individual is enrolled at least one of the programs (SDA, SSI, or SSDI) AND SDA is NOT paying for any portion of the individual's SU room & board services.
- 7 is available for MH Crisis Event (Q) records and used to report the answer was not collected.
- 8 is only available for MH (M, U, E) records and used to report if the answer was not collected.
- If an individual becomes SDA, SSI, or SSDI enrolled retroactive to the Service Start Date, a change (C) record should be submitted for the A or M record to change the 2 (No) or 8 (Not collected – MH BHTEDS full record exception) to 1 (Yes).
- If an individual becomes enrolled during the course of treatment, the obtaining of this benefit may be reported on the next regular Update (S, U) or End (D, E) record). A special Update is not required for the acquisition of any of these benefits.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.
- If this a MH (M, U, E) or SU (A, S, D) record and 7 is reported, the record will be rejected.
- If this is an SU (A, D) or Crisis Event (Q) record and 8 is reported, the record will be rejected.
- If 8 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected. If 8 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.
- If 8 is reported for a MH Service Update/End (U/E) and the Service Update/End Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected. If 8 is reported for MH Service Update/End record and the Service Update/End Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

Service Start Date – A011; DU011 – Federal Field – **KEY Field**

Description: The date initial services start.

Value	Description
MMDDYYYY	Concatenation of 2-digit-month, 2-digit-day, and 4-digit-year identifying the date services started.

Guidelines:

- For mental health records, this is the date when a decision is made whether or not a new person is deemed eligible for ongoing services. The decision occurs in conjunction with a face-to-face service such as an assessment, crisis service, or inpatient screening. It does not include brief screening events (H0002).
- For substance use records, this is the date of the first face-to-face treatment contact, which may be a full face-to-face biopsychosocial assessment.
- For Crisis Event (Q) records, this is the date crisis service began.
- Use valid calendar dates.
- The Service Start Date may be the same as the Service End Date but cannot be later.
- Only one (1) Service Start record with the same key fields may be submitted for any given Service Start Date.
- The Update and/or Service End records (S, U, D, E) looks for a Service Start Record (A or M) with the same Service Start Date to connect the T1-T2 episode for outcomes measuring.

Validation Edits:

- If this field is blank, the record will be rejected.
- If the field is not a valid calendar date (i.e., 02302015), the record will be rejected.
- If the date reported is greater than the system date, the record will be rejected.
- If the date reported is earlier than the individual's birth date, the record will be rejected.
- If the record type is a U or E and a corresponding M is not found, the record will be rejected. If the record type is S or D and a corresponding A is not found, the record will be rejected.
- Only one Service Start record allowed per day at the same Provider ID.
- If LOCUS Composite Score is 95, the Service Start Date must be prior to 10/01/2016.
- If Work/Task Hours are 995, the Service Start Date must be prior to 10/01/2016.
- If Earnings per Hour are 95.95, the Service Start Date must be prior to 10/01/2016.
- If Most Recent Military Service Era, Branch Served in, Client/Family Military Service, Connected to VA Benefits, or MH BHTEDS Full Record Exception is 95, the Service Start Date must be prior to 10/01/2017.

Service Start Time of Day – A012; DU012 – State Field

Description: The time initial services start.

Value	Description
HHMM	Military time

Guidelines:

- This field is utilized in MDHHS's receiving data system to put events (Starts/Updates/Ends) in proper chronological order when they occur on the same <u>date/month/year</u>. If it is not practical to enter an actual start time, be sure to assign start times that are earlier than the Update/End time of the record it is to precede.
- For substance use records, when it is not practical to enter an actual start time, be sure to also utilize a time that is after the End time of the prior provider's record.
- HH must be an integer between 00 and 23.
- MM must be an integer between 00 and 59.

Validation Edits:

- If this field is blank the record will be rejected.
- If the field is not a valid military time (i.e., 2415), the record will be rejected.

Time to Treatment – A013 – Federal Field

Description: Indicates the number of days from the first contact requesting service to the first face-to-face service.

Value	Description
nnn	3-digit number of days

Guidelines:

- Time to Treatment measures the actual number of days from the first date of contact requesting service to the first billable, non-brief-screening (H0002~~) face-to-face~~ treatment **without** any adjustments due to client availability, reschedules etc.   For example, if the person does not show for the first scheduled appointment and reschedules, calculate the number of days between the initial request and the rescheduled appointment. Do not calculate the number of days between the request for the rescheduled appointment and the new date.
- Date of 1st face-to-face service (SU=treatment service; MH=Assessment or treatment service) minus Date of 1st contact/request for service equals Time to treatment; or Date of 1st billable, non-brief-screening (H0002) face-to-face service) – (Date of 1st contact/request for service) = Time to Treatment.
- When treatment is immediately available, as in the case of walk-in services, the time to treatment is entered as 000.

SU Specific Scenarios:

- A request occurs when an individual or someone on their behalf requests SU services from a provider and the provider approves them for SU service(s) at their program. It is when the provider approves them to come in for services, not necessarily when the individual is authorized for services.

3/31/2020 Individual walks in & requests SUD services and receives SUD treatment or support

Date of First Contact = Request Date = 3/31/2020
BH-TEDS Start Date = 3/31/2020
Time to Treatment = 0 days

If date of request and date for approval for services are not on the same day, the initial request is the request date. For example, if the request date is 3/31/2020 and the provider approves them on 4/1/2020 to come in for services on 4/5/2020, the Request Date is 3/31/2020.

| 3/31/2020 Individual requests SUD services. | → | 4/1/2020 Provider approves & schedules 4/5/2020 intake. | → | 4/5/2020 Individual receives their first SUD service or support at Provider A. |

Date of 1st Contact = Request Date = 3/31/2020
BH-TEDS Start Date = 4/5/2020
Time to Treatment = 5 days
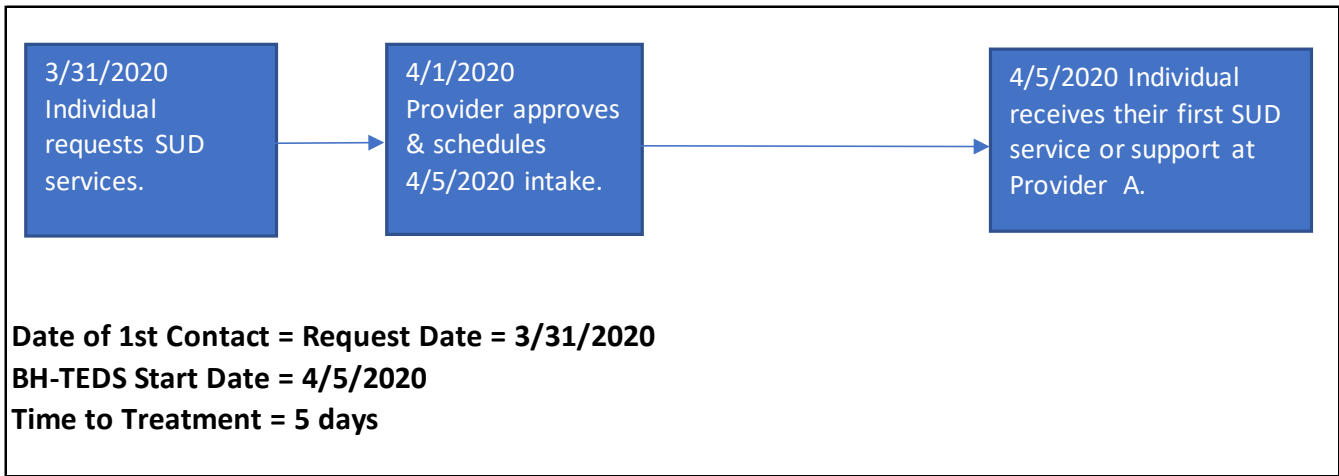
If a person is difficult to reach after leaving an initial request, the date of the person's first request is the request date. The request starts once the person provides their name and contact information. Example:

- 1/1/2020 The person calls for the first time and leaves a message, with name and call-back information, requesting services.
- 1/1/2020 The access center or provider calls the person back, is unable to reach the person but leaves a message.
- 1/15/2020 the person calls back to request services and receives a referral for a BPS Assessment.
- The request date is 1/1/2020.

| 1/1/2020 Individual calls & leaves message requesting SUD services. Access Center calls back & leaves message because individual does not answer. | → | 1/15/2020 Individual calls back & receives referral for SUD services or support at Provider A. | → | 1/16/2020 Individual receives their first SUD service or support at Provider A. |

Date of 1st Contact = Request Date = 1/1/2020
BH-TEDS Start Date = 1/16/2020
Time to Treatment = 15 days

- When a person receives a referral from one provider to another. The request date is the date the individual/provider A requests service from Provider B AND the individual is available to transfer. Examples:
  - Provider A Outpatient to Provider B Outpatient - The request date is the date that Provider B receives the request to provide services to the person AND the individual is available to transfer.
    - 2/14/2020 The person starts out a Provider A.

- 2/21/2020 Provider A and the individual agree that the individual will/should transfer to Provider B so they contact Provider B requesting services AND the individual could be discharged from Provider A.
- Provider B offers its next available appointment of 3/1/2020 so Provider A sees the individual for an additional session on 2/28/20.
- 2/28/20 individual is discharged from Provider A.
- A 2/29/2020 The individual begins service at Provider B.
- The request date at Provider B is 02/21/2020 – the date of the request AND the individual was available for transfer and Time to Treatment is 8 days.
- Time to Treatment is 8 days.

2/14/2020 Individual begins treatment at Provider A.	→	2/21/2020 Provider A & Individual agree to transfer individual to Provider B ASAP, so they call Provider B to request services.	→	2/28/2020 Individual has 1 more session at Provider A & discharges	→	2/29/2020 Individual begins services at Provider B.

For Provider B:
Request Date = 2/21/2020
BH-TEDS Start Date = 2/29/2020
Time to Treatment = 8 days
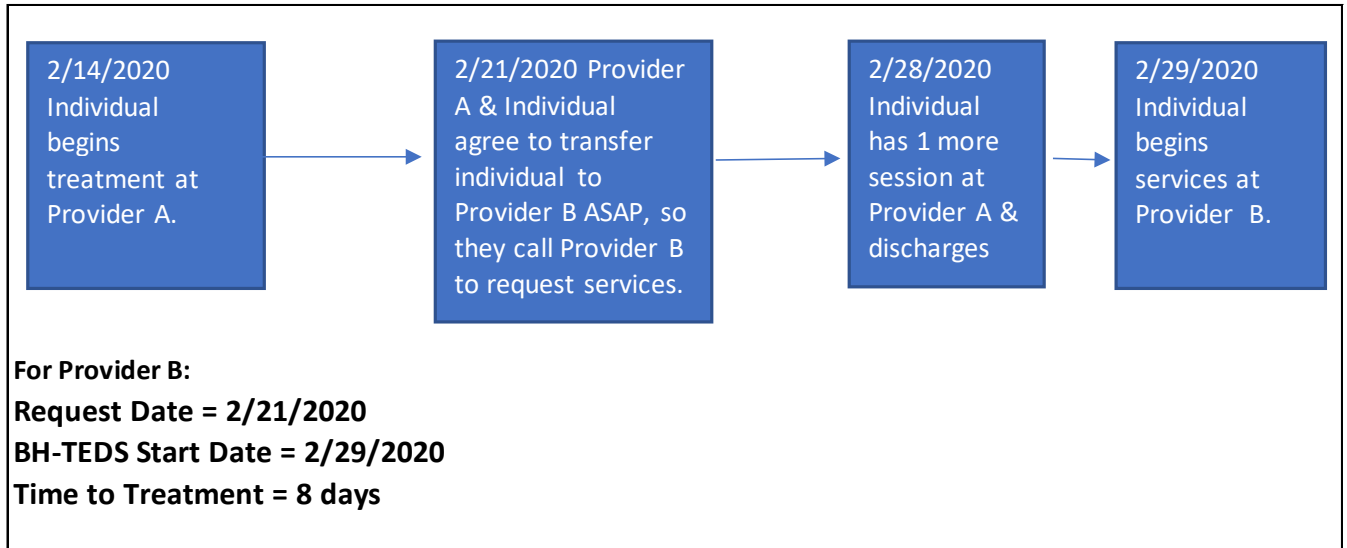
- Provider A Outpatient to Provider B Residential – The request date is the date is the date that Provider B receives the request to provide services to the person AND the individual is available to transfer.
  - 2/15/2020 The person starts outpatient services at Provider A.
  - 2/21/2020 Provider A contacts Provider B to ask to get the person into residential treatment ASAP.
  - 2/24/2020 The person agrees to receive treatment from Provider B.
  - 2/28/2020 The person starts services at Provider B.
  - The request date at Provider B is 2/21/2020.
  - Time to Treatment is 7 days.

| 2/14/2020 Individual begins treatment at Provider A. | 2/21/2020 Provider A calls Provider B Arequesting a residential bed for individual. | 2/24/2020 Individual agrees to treatment at Provider B. | 2/28/2020 Individual begins treatment at Provider B. |

For Provider B:
Request Date = 2/21/2020
BH-TEDS Start Date = 2/28/2020
Time to Treatment = 7 days
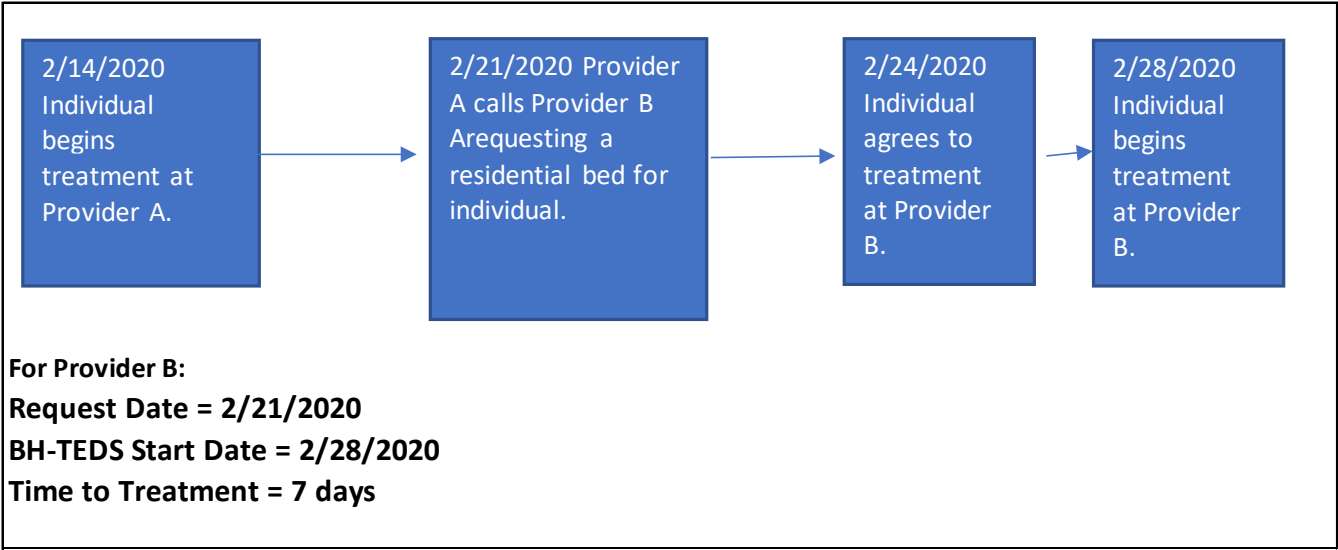
- Provider B Residential to Provider C Aftercare/Outpatient – The request date is the date is the date that Provider B individual is available (Provider B discharge date) for services from Provider C.
  - 2/28/2020 The person starts residential treatment at Provider B
  - 3/16/2020 Provider B contacts Provider C to ask to get the person into non-intensive outpatient services.
  - 3/20/2020 the person agrees to receive services from Provider C.
  - 3/23/2020 Person is discharged from Provider B residential facility.
  - 3/26/2020 the person starts services at Provider C.
  - The request date at Provider C is 3/23/2020 – the discharge date.
  - Time to treatment is 3 days.
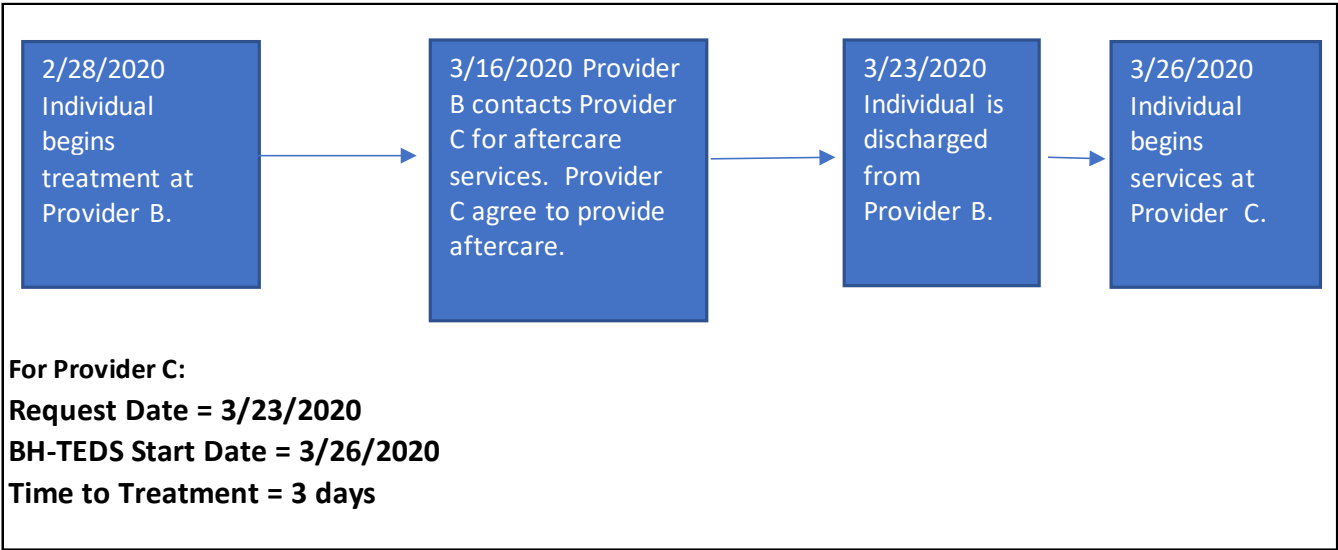
| 2/28/2020 Individual begins treatment at Provider B. | 3/16/2020 Provider B contacts Provider C for aftercare services. Provider C agree to provide aftercare. | 3/23/2020 Individual is discharged from Provider B. | 3/26/2020 Individual begins services at Provider C. |

For Provider C:
Request Date = 3/23/2020
BH-TEDS Start Date = 3/26/2020
Time to Treatment = 3 days

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.

Referral Source – A014 – Federal Field

Description: Describes the person or agency referring the individual to treatment.

Value	Description	Detail
01	Individual	Client (self-referral), family member, friend, or any individual who would not be included in categories 02-07. Includes self-referral due to pending DWI/DUI.
02	Alcohol/Drug Abuse Care Provider	Any program, clinic, or other health care provider whose principal objective is treating individuals with SUD or any program whose activities are related to SU prevention and/or education.
03	Other Health Care Provider	A physician, psychiatrist, nurse, or other licensed health care professional; general hospital; psychiatric hospital; mental health program; or nursing home.
04	School (Educational)	A school principal, counselor or teacher; a student assistance program; the school system; or educational agency.
05	Employer/Employee Assistance Program (EAP)	An employee's supervisor or an employee counselor.
06	Other Community Referral	Community or religious organization or any federal, state, or local agency that provides aid in the areas of poverty relief, unemployment, shelter, or social welfare. This category also includes defense attorneys and self-help groups such as AA, Al-Anon, and NA.
07	Court/Criminal Justice Referral/DUI/DWI	Any police official, judge, prosecutor, probation officer, or other person affiliated with a federal, state, or county judicial system. Includes individuals referred by the juvenile justice system; clients referred by a court for DUI/DWI; clients referred in lieu of prosecution; clients referred for deferred prosecution; clients referred during pretrial release; before or after official adjudication; includes clients on pre-parole, prerelease, work or home furlough or TASC; or clients referred through civil commitment. Client need not be officially designated as "on parole." *When '07' is selected, "Detailed Criminal Justice Referral" must have a value of 01-10.*

Guidelines:

- Enter the 2-character value that best answers the question "Who referred you to this program?"
- 07-Court/Criminal Justice Referral/DUI/DWI should only be selected when the court system sent the individual to treatment.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If 07 is selected, Detailed Criminal Justice Referral (A015) must have a value between 01 and 10.

Detailed Criminal Justice Referral – A015 – Federal Field

Description: Describes greater detail about which person/agency in the Criminal Justice or Juvenile Justice System referred the individual to this program.

Value	Description	Detail
01	Federal/State Court	Individual was referred by Circuit, District and Probate Courts
02	Other Court	Individual was referred by any other court not included in 01, above. For example: municipal court
03	Probation/Parole	Individual was referred by their probation or Parole Officer.
04	Other Recognized Legal Entities	Individual was referred by local law enforcement, corrections, youth services, review board/agency
05	Diversionary Program	Individual was remanded to treatment in lieu of jail/prison.
06	Prison	Individual was directed to treatment by the Prison as condition of release or part of furlough program
07	DUI/DWI	Individual was referred as part of disposition of DUI/DWI case.
08	Other	Other criminal justice referral not included in responses 01-07.
09	Juvenile Found Incompetent, Unable to Be Restored Due to SED	Court ordered mental health services following a competency evaluation which deemed the juvenile incompetent, unable to be restored due to SED.
10	MDOC SU Treatment Referral	Individual under the supervision of the Michigan Department of Corrections who is no longer incarcerated and is referred for SU services.
96	Not Applicable	Individual was NOT referred by the Criminal Justice or Juvenile Justice System

Guidelines:

- Enter the 2-character value that best answers the question "Who specifically in the criminal or juvenile justice system referred you to this program?"
- Responses 01-10must be selected for an individual who was referred by the criminal justice system. (Response 07 to A014, Referral Source)
- Responses 09 must be selected when a court has ordered mental health services following a juvenile competency evaluation which deemed the juvenile incompetent and unable to be restored due to Serious Emotional Disturbance (SED). This is **very** specific and should ONLY use in cases in which a _court has ordered mental health services following a juvenile competency evaluation which deemed the juvenile incompetent and unable to be restored due to Serious Emotional Disturbance (SED)._ **All** the elements below must be satisfied _as outlined,_ for value 09 to be used.
  - "Upon receipt of a report from a qualified forensic mental health examiner that there is a substantial probability that the juvenile is unable to be restored due to serious emotional disturbance, the court, at its discretion except as provided under the youth rehabilitation services act, 1974 PA 150, MCL 803.301 to 803.309, orders that mental health services be provided to the juvenile by the department, subject to the availability of inpatient care, a community mental health services program, the department of human services, a county department of human services, or another appropriate mental health services provider for a period not to exceed 60 days.
  - The court retains jurisdiction over the juvenile throughout the duration of the order.
  - The entity ordered to provide services under this subsection shall continue to provide services for the duration of the period of treatment ordered by the court.

- Response 10-MDOC SU Treatment Referral funded in any part with Block Grant funding should be submitted as an A (not M) record.
- If more than one applies and MDOC SU Treatment Referral is one of them, report 10.
- If more than one applies and none of them are MDOC SU Treatment Referral, report the response the individual most strongly identifies as the driving force to treatment.
- Response 96 must be selected for an individual who was referred by anyone BUT the criminal justice system. (Response 01-06 to A014, Referral Source)

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If Criminal Justice System (07) IS selected for Referral Source (A014), 01, 02, 03, 04, 05, 06, 07, 08, 09, or 10 must be selected for A015.
- If Criminal Justice System (07) IS selected for Referral Source (A014) and Integrated Treatment (A051) is not 1-Integrated Treatment is 'yes', 01, 02, 03, 04, 05, 06, 07, 08, or 09 must be selected for A015.
- If Criminal Justice System (07) is NOT selected for Referral Source (A014), 96 must be reported for A015.

Type of Treatment Service Setting – A016; DU013 - Federal and State Fields Combined

Description: Describes type of treatment service or setting in which the client is in at time of Service Start, Update (MH), and Service End.

For Record Type	Value	Description	Detail
A, S, D	02	Detoxification, 24-hour service, free-standing residential	SU services in 24-hour, free-standing residential setting that provides for safe withdrawal and transition to ongoing SU treatment. Includes ASAM Levels WM-3.2 and WM 3.7
A, S, D	04	Rehabilitation/residential – short term	SU services in non-acute 24-hour settings that typically provide 30 or less days of SU treatment. Typically includes to ASAM Levels 3.3, 3.5 and 3.7.
A, S, D	05	Rehabilitation/residential – long term	SU services in non-acute residential settings that typically provide more than 30 days of SU treatment. Typically includes ASAM Levels 3.3 and 3.1. and may include transitional living arrangements such as half-way houses.
A, S, D	06	Ambulatory – IOP	SU services in a non-acute care setting. Similar to ASAM Level 2.1 with nine (9) or more hours per week and Level 2.5 with 20 or more hours per week.
A, S, D	07	Ambulatory – non-intensive O/P	SU services in outpatient settings which include individual, family, group, case management, and/or pharmacological therapies. Similar to ASAM Level 1.0, outpatient treatment, non-intensive with less than nine (9) hours per week.
A, S, D	08	Ambulatory – Detoxification	SU services in outpatient settings that provide for safe withdrawal from alcohol and other drugs. Includes pharmacological and non-pharmacological services. Similar to ASAM Levels WM -1 and WM -2, ambulatory detoxification.
M, U, E	72	State Psychiatric Hospital	MH services in state-operated, at least partially SAMHSA-funded hospitals that provide inpatient care to individuals with mental illnesses.
M, U, E, Q	73	State Mental Health Agency funded/operated community-based program	MH services in mental health centers, specialized residential, SIPs, outpatient clinics, partial hospitalization programs, consumer-run programs, and all community support programs.
M, U, E	74	Residential Treatment Center	A non-hospital facility or distinct part of a non-hospital facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.
M, U, E, Q	75	Other Psychiatric Inpatient	MH services in private or medical settings licensed and/or contracted through the State Mental Health Authority (MDHHS).
M, U, E, Q	76	Institutions Under the Justice System	Mental health services provided in jails, prisons, juvenile detention centers, etc.
M, E, Q	96	MH Assessment only	MH individuals receiving assessment or evaluation services only.

Guidelines:

- Values 02 through 08 are used to describe the setting in which the individual is receiving services and SU is paying for SU Services. Used for A, S, and D records.
- Values 72 through 76 are used to describe the setting in which MH individual is receiving services. If MH is paying for SU Services, utilize 72-76 and M, U, and E records.
- State Psychiatric Hospital stays require a separate BHTEDS episode. Michigan State Psychiatric Hospitals (72) are: Caro Center, Center for Forensic Psychiatry, Hawthorn Center, Kalamazoo Psychiatric Hospital, and Walter P Reuther Psychiatric Hospital.
- Value 96 is used for MH individual who is receiving assessment-only services. Assessment-only services cannot be updated. Only M and E records are allowed for Service Setting Type 96-MH Assessment only.
- An M record with Treatment Service Setting 72-96-MH Assessment only must be discharged with an E record with Treatment Service Setting 96-MH Assessment only.
- An M record with Treatment Service Setting 96-72-State Psychiatric Hospital only must be discharged with an E record with Treatment Service Setting 72-State Psychiatric Hospital.
- Values 72-State Psychiatric Hospital and 96 – Assessment Only cannot be changed because they represent is a quasi-key field. If a 72 or 96 was incorrectly reported, the record with the 72 or 96 value must be deleted and a replacement record with the corrected Treatment Service Setting must be added.
- If an individual is being treated concurrently for co-occurring SU and MH services at **two different settings**, A & D records are submitted for the SU program, with values 02-08 for Service Setting **AND** M, U, & E record are submitted for the MH program, with values 72-76 for service setting.
- If an individual is receiving integrated treatment managed by a single entity under an integrated treatment plan:
  - A & D records with Service Settings 02-08 are submitted if SU is paying for the SU treatment
  - M, U, & E records with Service Settings 72-76 are submitted if MH is paying for the SU treatment.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.
- If an A or D record reports Place of Service greater than 08, the record will be rejected.
- If an M, U, or E record reports Place of Service less than 72, the record will be rejected.
- If a U record reports Treatment Service Setting 96-MH Assessment only, the record will be rejected.
- If an E record reports Treatment Service Setting other than 96 ties to an M record with a Treatment Service Setting of 96, the record will be rejected.
- If Update (U) or End (E) record reports Treatment Service Category other than 72 ties to an M record with a Treatment Service Setting of 72, the record will be rejected.

Co-dependent/Collateral/Non-Using SU-Funded Person Served – A017; DU014– Federal Field

Description: Substance Use Concept - Identifies whether treatment is for a primary SU problem arising from the individual's relationship with someone with SUD OR if treatment is for Client's own problems regardless of whether MH or SU.

Value	Description	Detail
1	Codependent/Collateral/Non-Using SU-Funded Individual	Individual, with their own client record, being treated at a ==Substance Use== facility because of their relationship with someone who has an SU.
2	Client	All MH records. For A records, the individual is being treated because of their own SU problems.

Guidelines:

- If an individual, with their own client record, is being treated because of their relationship with someone who has an SU, select 1-Codependent/Collateral/Non-using SU-Funded Individual.
- If an individual is referred for an SU assessment which is mandated and is paid for with SU funds (i.e., part of a probation requirement) and the assessment finds they do not actually have a substance use problem, the individual is a Non-using SU-Funded individual, select 1-Codependent/Collateral/Non-using SU-Funded Individual.
- If an individual is being treated because of their own MH or SU problems, select 2-Client.
- If an individual with an existing Client record becomes a Co-dependent, a new A record for Co-dependent should be submitted. Conversely, if an individual with an existing Co-dependent Client record becomes a client, a new A or M record for Client should be submitted.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.
- All M, U, E and Q records must be 2-Client.
- SU (A, D) records with a Service Start Date greater than 09/30/2019 that report a Primary Substance Used other than 01–None must be 2-Client.

I/DD (Intellectual/Developmental Disability) Designation – A018; DU018 – State Field

Description: Identifies whether the individual meets Michigan's Mental Health Code Definition of Intellectual or Developmental Disability, regardless of whether or not they receive services from the I/DD or MI service arrays.

Value	Description
1	Yes
2	No
3	Not evaluated

Guidelines:

- See Appendix A – State of Michigan MDHHS Specialty and Supports Waiver Developmentally Disabled Diagnosis Codes for the current list of I/DD Diagnostic Codes identified in the Behavioral Health Capitation Rate Certification provided by Milliman.
- 'Yes', indicates the individual with one of the diagnoses listed in Appendix A has a documented severe, chronic condition <u>currently meeting the Michigan Mental Health Code Definition of Intellectual or Developmental Disability.</u> The evaluation itself does not have to be performed by the BHTEDS reporting agency.
- An individual with a diagnosis that appears on State of Michigan Department of Health and Human Services Specialty Service and Supports Waiver Developmentally Disabled Diagnosis code list prepared by Milliman should NOT automatically be identified in BHTEDS with an I/DD Designation of 'yes'. The individual must meet the Michigan Mental Health Code definition of intellectual disability.
- Per State of Michigan Mental Health Code:
  - "Developmental Disability", when applied to an individual older than 5 years of age, means a severe, chronic condition that meets all of the following requirements:
    - (i) Is attributable to a mental or physical impairment or a combination of mental and physical impairments.
    - (ii) Is manifested before the individual is 22 years old.
    - (iii) Is likely to continue indefinitely.
    - (iv) Results in substantial functional limitations in 3 or more of the following areas of major life activity: Self-care, Receptive and expressive language, Learning, Mobility, Self-direction, Capacity for independent living, Economic self-sufficiency.
    - (v) Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
  - "Developmental Disability, when applied to a minor from birth to 5 years of age, means a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in the section above regarding those older than 5 years of age if services are not provided.
  - "Intellectual disability" means a condition manifesting before the age of 18 years that is characterized by significantly subaverage intellectual functioning and related limitations in 2 or more adaptive skills: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, work. Further, the diagnosed based on the following assumptions:
    - Valid assessment considers cultural and linguistic diversity, as well as differences in communication and behavioral factors.

- The existence of limitation in adaptive skills occurs within the context of community environments typical of the individual's age peers and is indexed to the individual's particular needs for support.
- Specific adaptive skill limitations often coexist with strengths in other adaptive skills or other personal capabilities.
- With appropriate supports over a sustained period, the life functioning of the individual with an intellectual disability will generally improve.

- 'No' indicates the individual does not currently have a documented severe, chronic condition meeting the Michigan Mental Health Code Definition of Intellectual or Developmental Disability. If an individual has a history of I/DD but does not currently meet the Michigan Mental Health Code definition, 'No' should be reported.
- 'Not evaluated' indicates the BHTEDS reporting agency does not know if there is documentation that the individual has a severe chronic condition meeting the Michigan Mental Health Code Definition of Intellectual or Developmental Disability.
- An Update record is required whenever an individual's I/DD designation changes as it is utilized in the numerous calculations. The Update/End Date should be the effective date of when the designation became effective (or no longer effective).
- 3 – Not evaluated is not allowed on Update (S, U) or Service End (D, E) records. For S, U, D, and E records, 'No' means 'Not Yes', so if it is unclear if the individual meets the Michigan Mental Health Code Definition of Intellectual or Developmental Disability select 'No'.
- If the information becomes known that the individual with I/DD=No should have had an I/DD=Yes at service start date, a Change (correction) record with the original service start date (not an update) should be submitted. Same applies to the converse.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.
- If this is an S, U, D, or E record and 3 is reported, the record will be rejected.

MI or SED (Mental Illness or Serious Emotional Disturbance) Designation – A019; DU019– State Field

Description: Identifies whether the individual has been evaluated and/or the individual has a DSM MI diagnosis, exclusive of intellectual disability, developmental disability, or substance use disorder OR if the individual has a Serious Emotional Disturbance.

Value	Description
1	Yes
2	No
3	Not evaluated

Guidelines:

- 'Yes', indicates the individual has an MI DSM Diagnosis exclusive of intellectual disability, developmental disability, or substance use disorder OR has a Serious Emotional Disturbance. 'Yes', does not speak to severity as that is handled in the Detailed SMI/SED Status. 'Yes' is utilized for the entire mild to severe spectrum. This designation does NOT have to be made as a result of the PIHP's or provider's evaluation; however, the diagnosis must be provided by a licensed clinician, who may or not be directly employed by the PIHP or provider, operating within their scope of practice (i.e., psychiatrist, LMSW, Physician Assistant, Primary Care Physician, etc.).
- 'No' indicates the individual does not have an MI DSM Diagnosis exclusive of intellectual disability, developmental disability or substance use disorder nor is the individual diagnosed with a Serious Emotional Disturbance.
- 'Not evaluated' indicates the individual has not been evaluated to determine if they have an MI DSM diagnosis or Serious Emotional Disturbance.
- An Update record is required whenever an individual's MI designation changes as it is utilized in the DHIP calculation. The Update/End Date should be the effective date of when the designation became effective (or no longer effective).
- 3 – Not evaluated is not allowed on Update (S, U) or Service End (D, E) records. For S, U, D, and E records, 'No' means 'Not Yes', so if it is unclear if the individual has an MI Diagnosis exclusive of intellectual disability, developmental disability, or substance use disorder, select 'No'.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected
- If this is an S, U, D, or E record and 3 is reported, the record will be rejected.

Detailed SMI or SED Status – A020; DU20 – Federal Field

Description: Indicates if an individual has serious mental illness (SMI) or serious emotional disturbance (SED).

Value	Description	Detail
1	SMI	Individual meets the current Michigan Mental Health Code Definition P.A. 500 of Serious Mental Illness regardless of whether they receive services from the I/DD, or the MI service arrays.
2	SED	Individual, under age 21, has a Serious Emotional Disturbance as defined in the current Michigan Mental Health Code.
4	Neither SMI nor SED	Individual does not meet the current Mental Health Code Definition of Serious Mental Illness or have an SED DSM diagnosis.
7	Not Evaluated or N/A	Individual was not evaluated for SMI or SED and does not have an otherwise documented diagnosis of either SMI or SED OR this is an SU record (A) without integrated treatment.

Guidelines:

- See Appendix B – State of Michigan MDHHS Specialty and Supports Waiver Serious Mental Illness Diagnosis Codes for the current list of SMI Diagnostic Codes identified in the Behavioral Health Capitation Rate Certification provided by Milliman.
- Individuals with mild to moderate MH diagnosis would be captured as response 4, Neither SMI nor SED.
- Coding Guidelines:
  o SMI individual would have MH Designation 1-Yes and SMI/SED of 1-SMI
  o SED individual would have MH Designation 1-Yes and SMI/SED of 2-SED
  o Mild to moderate individual would have MH Designation 1-Yes and SMI/SED of 4 Neither SMI nor SED
  o Individual with no MH issue would have MH Designation 2-No and SMI/SED of 4-Neither SMI nor SED on Update (S, U) and Discharge (D, E) records.
  o Crisis Event (Q) and Admission (A, M) records where detailed SMI or SED Status was not established would have SMIS/SED Status of 7-Not evaluated.
  o Update (S, U) and Discharge (D, E) records may not have a Detailed SMI or SED Status of 7-N/A. If it has not been documented that the individual has an SMI or SED, report 4-Neither SMI nor SED.
- 'Update' the individual's SMI/SED/IDD designation whenever the individual's designation changes. Minimally, designation should be evaluated and reported at the time of annual review or when you are otherwise submitting a BHTEDS record. Further, that update should be based on clinical and service determination and not automatic designation of SMI if the individual is over 18 years old. The designation that reflects the individual's condition and service qualification at the time of the individual's reassessment should be selected.

Validation Edits:
- If the individual is younger than 18 and 1-SMI is reported, the record will be rejected.
- If individual is older than 21 and 2 – SED is reported, the record will be rejected.
- If 7-Not Evaluated is reported on an Update (S, U) or Discharge (D, E) record, the record will be rejected.
- If this field is blank or contains an invalid value, the record will be rejected.

Prior Treatment Episodes – A021– Federal Field

Description: Attempts to answer the question: "How many times have you tried to address this problem at any treatment provider?"

Value	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

Guidelines:

- Only include treatment admissions. Do NOT include assessment only services in the count.
- Is based on self-report; however, efforts should be made to ascertain a relatively accurate report based upon information available to the interviewer (i.e., prior episodes in your data system).

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.

Date of Birth – A022 – Federal Field

Description: The individual's date of birth.

Value	Description
MMDDYYYY	Concatenation of 2-digit-month, 2-digit-day, and 4-digit-year identifying the individual's date of birth.

Guidelines:

- Use valid calendar dates.

Validation Edits:

- If this field is blank, the record will be rejected.
- If the field is not a valid calendar date (i.e., 02302015), the record will be rejected.
- The Date of Birth must be prior to the Service Start Date.
- The individual's age is calculated by subtracting the Date of Birth from the Service Start Date then dividing by 365.25
  - For SU and Integrated MH records, the Age of First Use (Primary, Secondary, and Tertiary) must be less than or equal to the individual's current age.

Sex Assigned at Birth – A023 – Federal Field

Description: Identifies the sex individual was assigned at birth.

Value	Description
1	Male
2	Female

Guidelines:

- Pregnant individuals must be identified as female.
- If an individual was intersex at birth, select the sex that was assigned.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.
- If Pregnant on Service Start Date (A024) is Yes, Sex Assigned at Birth must be female.

Pregnant on Service Start Date – A024 – Federal Field

Description: Indicates whether a female entering treatment was pregnant on the Service Start Date.

Value	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	Unknown for this crisis event (Q)
8	Not collected – MH BHTEDS full record exception.

Guidelines:

- If it is subsequently determined that a female reported not being pregnant on the Service Start Date when in fact she was, a Change (C) record must be submitted to correct the misreport. Conversely, if it is subsequently determined that female reported being pregnant on the Service Start Date when in fact she was not, a Change (C) record must be submitted to correct the misreport.
- If an individual identifies with being a male, but is pregnant, 1-Yes must be reported for Pregnant on Service Start Date and 2-Female must be reported for Sex Assigned at Birth (A023).
- If an individual becomes pregnant during treatment, it is not reported anywhere in BHTEDS.
- 8 is only available for MH (M) records and used to report if the answer was not collected.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.
- If 1-Male is selected for Sex Assigned at Birth (A023) and anything but 6 is selected, the record will be rejected.
- For Service Start (A, M) Records, if 7 is reported, Service Start Date must be less than 10/01/2017.
- 7 is a valid response for MH Crisis Event (Q) records and used to report the information was not collected.
- If this is an SU (A) or Crisis Event record (Q) and 8 is reported, the record will be rejected.
- If 8 is reported for a Mental Health Record (M) and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected. If 8 is reported for a Mental Health Record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

Gender Identity – A072 & DU050 – State Field

Description: Answers the question, what is your gender identity.

Value	Description	Detailed Description
01	Man/Cisgender Man	Individual assigned male at birth who identifies as a man.
02	Woman/Cisgender Woman	Individual assigned female at birth who identifies as a woman.
03	Transgender (or Trans) Man	Individual assigned female at birth who identifies as a man. Many transgender people will transition to align their gender expression with their gender identity; however, transition is not required to be transgender.
04	Transgender (or Trans) Woman	Individual assigned male at birth who identifies as a woman. Many transgender people will transition to align their gender expression with their gender identity; however, transition is not required to be transgender.
05	Agender	Someone who does not identify themselves as having a particular gender.
06	Androgynous	An individual whose gender is simultaneously feminine and masculine, though not necessarily in equal amounts.
07	Bigender	Someone who identifies as both man and woman.
08	Genderfluid	Someone whose gender identity is not fixed but can move fluidly along the spectrum from masculinity to femineity. Their gender may fluctuate throughout the day, over weeks or months, or depending on their environment.
09	Gender Questioning/ Questioning	Someone who is in the process of deciding which gender identity suits them best. It may lead to a change in gender identity or a confirmation of the gender identity a person previously held.
10	Non-binary/Genderqueer	An umbrella term for individuals who do not subscribe to traditional genders. People who experience their gender identity as outside the man/woman binary. May encompass demi-gender, grey gender, metagender, multi-gender, polygender, third gender, trigender.
11	Two Spirit	A term created by First Nations/Native American/Indigenous peoples whose gender exists in ways that challenge colonial constructions of a gender binary. This term should not be appropriated to describe people who are not First Nations/Native American/Indigenous members.
90	Other	Individual identifies as a gender other than those listed here.
95	Chose Not to Disclose	Individual does not want to disclose their gender identity.
97	Unknown for this Crisis Event (Q only)	
98	Not Collected – BHTEDS full record exception	

Guidelines:

- Gender identity is a person's internal understanding and experience of their gender. It is separate from their sex assigned at birth. Since it is a personal experience, gender cannot be assigned, measured, or disproved by anyone else.
- Pronouns do not dictate gender identity.
- PIHP systems may have a text field accompanying 90-Other, but it is not submitted to MDHHS.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.

County of Residence – A025 – State Field

Description: Indicates the county, or out state, in which the individual resides.

Code	County	Code	County	Code	County	Code	County
00	Out of State *(Other than those listed in codes 85-89)*	21	Delta	45	Leelanau	69	Otsego
		22	Dickinson	46	Lenawee	70	Ottawa
		23	Eaton	47	Livingston	71	Presque Isle
		24	Emmet	48	Luce	72	Roscommon
01	Alcona	25	Genesee	49	Mackinaw	73	Saginaw
02	Alger	26	Gladwin	50	Macomb	74	St. Clair
03	Allegan	27	Gogebic	51	Manistee	75	St. Joseph
04	Alpena	28	Grand Traverse	52	Marquette	76	Sanilac
05	Antrim	29	Gratiot	53	Mason	77	Schoolcraft
06	Arenac	30	Hillsdale	54	Mecosta	78	Shiawassee
07	Baraga	31	Houghton	55	Menominee	79	Tuscola
08	Barry	32	Huron	56	Midland	80	Van Buren
09	Bay	33	Ingham	57	Missaukee	81	Washtenaw
10	Benzie	34	Ionia	58	Monroe	82	Wayne *(excluding the City of Detroit)*
11	Berrien	35	Iosco	59	Montcalm		
12	Branch	36	Iron	60	Montmorency		
13	Calhoun	37	Isabella	61	Muskegon	83	Wexford
14	Cass	38	Jackson	62	Newaygo	84	Wayne - City Of Detroit
15	Charlevoix	39	Kalamazoo	63	Oakland		
16	Cheboygan	40	Kalkaska	64	Oceana	85	Wisconsin
17	Chippewa	41	Kent	65	Ogemaw	86	Indiana
18	Clare	42	Keweenaw	66	Ontonagon	87	Ohio
19	Clinton	43	Lake	67	Osceola	88	Illinois
20	Crawford	44	Lapeer	68	Oscoda	89	Canada

Guidelines:

- Enter the 2-digit code that corresponds to the individual's residence
- Except for the following, all codes correspond to a Michigan county: 84=City of Detroit, 85=Wisconsin, 86=Indiana, 87=Ohio, 88=Illinois, 89=Canada, 00=Out-state except those listed in 85-89.
- This is not the field to use to describe a person as "homeless". Even if the individual has no fixed address and is, in fact, homeless, please code the county in which they are located (i.e., county the shelter is located). Homelessness should be noted in Living Arrangements (A052 and DU035) as 01.

Validation Edits:

If this field is blank or contains an invalid value, the record will be rejected.

Race – A026 – Federal Field

Description: Identifies the individual's race.

Value	Description	Detail
01	Alaskan Native (Aleut, Eskimo)	Individual having origins in any of the original peoples of Alaska
02	American Indian (Non-Alaskan native)	Individual having origins in any of the original peoples of North, Central, or South America who maintain tribal affiliation or community attachment.
04	Black or African American	Individual having origins in any of the black racial groups of Africa.
05	White	Individual having origins in any of the original peoples of Europe, the Middle East, or North Africa
13	Asian	Individual having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (i.e., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam)
20	Other Single Race	Use this category for instances in which the individual does not identify with any of the categories listed or whose origins, because of area custom, is regarded as a racial class distinct from the above categories.
21	Two or More Races	Individual having origins in two or more of the races
23	Native Hawaiian or Other Pacific Islander	Individual having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
97	Refused to Provide	Individual refused (A, M, Q) or unable (Q) to provide race they associate her/himself with, so the race is unknown.

Guidelines:

- Enter the 2-character value that corresponds to the race which the individual considers him/herself.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.

Hispanic or Latino Ethnicity – A027 – Federal Field

Description: Identifies the individual's specific Hispanic or Latino origin, if applicable.

Value	Description	Detail
01	Puerto Rican	Of Puerto Rican origin regardless of race
02	Mexican	Of Mexican origin regardless of race
03	Cuban	Of Cuban origin regardless of race
04	Other Specific Hispanic or Latino	Of known Central or South American or Spanish culture (including Spain) other than Puerto Rican, Mexican, or Cuban, regardless of race.
05	Not of Hispanic or Latino Origin	
06	Hispanic or Latino – Specific Origin not Specified	Of Hispanic or Latino origin, but the origin is not known or specified
97	Unknown	Individual in crisis refused to provide, or it is unknown if they are of Hispanic or Latino origin.

Guidelines:

- Enter the 2-character value that corresponds to the Hispanic or Latino Ethnicity the individual considers him/herself.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- For M or A records, if 97 is reported and the Service Start Date is after 09/30/2022, the record will be rejected.

Currently in Mainstream Special Education Status – A028; DU021 – State Field

Description: Identifies whether or not the individual is currently in mainstream education with Special Education Status (i.e., through use of an Individualized Education Plan (IEP))

Value	Description	Detail
1	Yes	Individual is receiving special education services within a mainstream classroom
2	No	Individual is not receiving special education services within a mainstream classroom
6	N/A	Individual is not school age
7	Unknown for this Crisis Event (Q) record.	
8	Not collected – MH BHTEDS full record exception	

Guidelines:

- If the individual is not 3-17 years old or 00-26 and protected by Michigan Special Education Law, this field is not-applicable as the individual is not school-age. So, if the individual is clearly over the ages listed (i.e., in his late 20s or older), select 6-Not Applicable even if it is a co-located or crisis-only service.
- If the individual is receiving special education services within a mainstream classroom, whether part of or all of the day, choose 1.
- If the individual is not receiving special education service within a mainstream classroom, choose 2.
- If it is not known that the individual is receiving special education services within a mainstream classroom and it is not a MH BHTEDS full record exception, choose 2.
- 7 is not a valid response for MH (M, U, E) records with a Service Start Date greater than 09/30/2017; however, it may be used when submitting 'old' pre-10/01/2017 records.
- 7 is a valid response for Crisis Event (Q) records, regardless of Service Start Date.
- 8 is only available for MH (M, U, E) records and used to report if the answer was not collected.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.
- For SU (A, S, D), MH (M, U, E), and MH Crisis Event (Q) records where the individual is older than 26, '6-Not applicable' must be reported; however, when submitting 'old' pre-10/01/2017 records, 2 may be reported.
- For SU (A, S, D) and MH (M, U, E) records where 7 is reported, Service Start Date must be less than 10/01/2017.
- If this is an SU (A, S, D) or Crisis Event (Q) record and 8 is reported, the record will be rejected.
- If 8 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected. If 8 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.
- If 8 is reported for a MH Service Update/End (U/E) and the Service Update/End Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected. If 8 is reported for MH Service Update/End record and the Service

Update/End Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

Education – A029; DU022 - Federal Field

Description: Specifies either: a.) the highest school grade completed for those no longer attending school; b.) current school grade for individuals aged 3-17 not protected by State of Michigan Special Education Law; c.) current school grade or special education classroom status for individuals 00-26 who are protected by State of Michigan special Education Law.

Value	Description
00	No Schooling or Less Than One School Grade
72	Nursery school, Pre-school, or Head Start
73	Kindergarten
74	Self-contained Special Education Class – No Grade Level Equivalent
01	Grade 1
02	Grade 2
03	Grade 3
04	Grade 4
05	Grade 5
06	Grade 6
07	Grade 7
08	Grade 8
09	Grade 9
10	Grade 10
11	Grade 11
12	Grade 12 or GED
13	1 Year of College/University
14	2 Years of College/University or Associate Degree
15	3 Years of College/University
16	4 Years of College/University or Bachelor's Degree
70	Graduate or professional school
71	Vocational School
97	Unknown for this Crisis Event (Q)
98	Not collected – MH BHTEDS full record exception.

Guidelines:

- For children less than 3 years old who are not covered by State of Michigan Special Education Law, use code 00 No schooling or Less Than One School Grade.
- If school recently ended for the year, enter the recent school level completed, not the grade to which the child is advancing in the next school year.
- For children home-schooled or in special education, but have been mainstreamed in regular school grades, report the equivalent grade level.
- For individuals protected by State of Michigan Special Education Law (age 00-26), in a specialized education setting that has an equivalent school grade level, report the school grade level.
- For individuals protected by State of Michigan Special Education Law (age 00-26), in a special education class that does not have an equivalent school grade level, report 74.

- For individuals who completed school under the State of Michigan Special Education Law, enter the school grade level equivalent of the last grade completed or 74 if school was completed in a setting without grade equivalent.
- For individuals no longer attending school, enter the code of the highest-grade level completed.
- For children who spend part of their day in a self-contained special education class with no grade level equivalent and part of their day in a mainstream setting, report the code that reflects where they spend the preponderance of the day.
- School includes, but is not limited to, any one or combination of home-schooling, online education, alternative school, vocational school, or regular school (public, private, charter, traditional, military, magnet, parochial, etc.) at which the child is enrolled in any of the following school grade levels: nursery/pre-school (including Head Start), kindergarten, elementary/middle school (Grades 1-8), middle/high school (Grades 9-13, including GED), vocational school, community college, college, university, graduate or professional school.
- Nursery school is defined as a group or class organized to provide educational experiences for children during the year(s) preceding kindergarten. It includes instruction as an important and integral phase of its program of childcare. It can be full or half-day.
- Private homes in which primarily custodial care is provided are not considered nursery schools.
- Kindergarten may be full or half-day.
- 97 is not a valid response for SU (A, S, D) or MH (M, U, E) records with a Service Start Date greater than 09/30/2017; however, it may be used when submitting 'old' pre-10/01/2017 records. After 09/30/2017, 97 is only valid for Crisis Event (Q) records.
- 98 is only available for MH (M, U, E) records and used to report if the answer was not collected.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.
- For SU (A, S, D) and MH (M, U, E) records where 97 is reported, Service Start Date must be less than 10/01/2017. After 09/30/2017, 97 is only valid for Crisis Event (Q) records.
- If this is an SU (A, S, D) or Crisis Event record (Q) and 98 is reported, the record will be rejected.
- If 8 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected. If 98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.
- If 8 is reported for a MH Service Update/End (U/E) and the Service Update/End Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected. If 98 is reported for MH Service Update/End record and the Service Update/End Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

School Attendance Status – A030; DU023 – Federal Field

Description: Specifies the school attendance status of school-age individuals (3-17 years old) or individuals protected by the State of Michigan Special Education Law (00-26 years old) who are receiving education and/or mental health services.

Value	Description	Detail
1	Yes	Individual has attended school at any time in the last 3 months.
2	No	Individual has not attended school at any time in the last 3 months.
6	Not applicable	Individual is not aged 3-17 or aged 0-26 and protected by IDEA.
7	Unknown for this Crisis Event (Q) record.	
8	Not collected – MH BHTEDS full record exception.	

Guidelines:

- It is not the intent of this element to identify children who are in Special Education. The intent is to ensure reporting of persons 18-21 protected by IDEA. Since Michigan provides for Special education services from age 00-26 (beyond IDEA requirements), Michigan's intent is to ensure reporting of all eligible individuals.
- If the individual is not 3-17 years old or 00-26 and protected by Michigan Special Education Law, this field is not applicable. So, if the individual is clearly over the ages listed (i.e., in his 30s or older), select 06-Not Applicable even if it is a co-located or crisis-only service.
- School includes, but is not limited to, any one or combination of home-schooling, online education, alternative school, vocational school, or regular school (public, private, charter, traditional, military, magnet, independent, parochial, etc.) at which the child is enrolled in any of the following school grade levels: nursery/pre-school (including Head Start), kindergarten, elementary/middle school (Grades 1-8), middle/high school (Grades 9-13, including GED), vocational school (including business, technical, secretarial or trade school). It includes higher education only if the individual is not yet 18 years old.
- For SU (A, S, D) and MH (M, U, E) records, 7 is not a valid response for records with a Service Start Date greater than 09/30/2017; however, it may be used when submitting 'old' pre-10/01/2017 records. After 09/30/2017, 7 is only valid for Crisis Event (Q) records.
- 8 is only available for MH (M, U, E) records and used to report if the answer was not collected.

Validation Edits:
- If the individual is between 3 and 17 and 6 is reported, the record will be rejected.
- If the individual is older than 26 and 6 is not reported, the record will be rejected.
- If this field is blank or contains an invalid value, the record will be rejected.
- If 7 is reported for an SU (A, S, D) or MH (M, U, E) record, Service Start Date must be less than 10/01/2017.
- If this is an SU (A, S, D) or Crisis Event record and 8 is reported, the record will be rejected.
- If 8 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected. If 8 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

- If 8 is reported for a MH Service Update/End (U/E) and the Service Update/End Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected. If 8 is reported for MH Service Update/End record and the Service Update/End Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

Marital Status - A031 – Federal Field

Description: Describes the individual's marital status utilizing categories compatible with categories utilized in the U.S. Census.

Value	Description	Detail
01	Never Married	Includes individuals who are single or whose only marriage was annulled.
02	Now Married or Cohabiting	Includes married couples and those living together as married, living with partners, or cohabiting
03	Separated	Includes those legally separated or otherwise absent from spouse due to marital discord.
04	Divorced	
05	Widowed	
97	Unknown for this crisis event (Q record)	
98	Not collected – MH BHTEDS full record exception.	

Guidelines

- 97 is not a valid response for SU (A) or MH (M) records with a Service Start Date greater than 09/30/2017; however, it may be used when submitting 'old' pre-10/01/2017 records. After 09/30/2017, 97 is only valid for Crisis Event (Q) records.
- 98 is only available for MH (M) records and used to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If 97 is reported for an SU (A) or MH (M) record, Service Start Date must be less than 10/01/2017.
- If this is an SU (A) or Crisis Event (Q) record and 98 is reported, the record will be rejected.
- If 98 is reported for a Mental Health Record (M) and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected. If 98 is reported for a Mental Health Record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

Client or Family Military Serve – A069 – State Field

Description: Indicates whether or not an individual and/or their family member(s) have served in the military.

Value	Description
01	Yes
02	No
95	Not applicable for FY17 record submitted in FY18 or later format.
97	Unknown for this Crisis Event
98	Not collected – MH BHTEDS full record exception

Guidelines:

- Select 01-Yes if the client or a member of the client's family has ever served in the military or reserves, regardless of veteran status. Veteran Status is not the focus of this field because an individual may serve in the military (Yes-01) without obtaining veteran status of '1-Veteran'.
- For this field, family is defined as immediate family: spouse, mother, father, <mark>stepparent, adopted parent,</mark> sibling, half-sibling, and child.
- Report 95 if this is a FY17 record being submitted in the FY18 or later format.
- 97 is only a valid response for Crisis Event (Q) records.
- 98 is only available for MH (M) records and used to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If 95 is reported, Service Start Date must less than 10/01/2017.
- If this is an SU record (A) and 97 or 98 is reported, the record will be rejected.
- If this is a MH (M) record and 97 is reported, the record will be rejected.
- Invalid Client/Family Military Service - If Service Start Date greater than 09/30/2020 ad Veteran Status = '1-Veteran', Client/Family Military Service must be 01.
- If 98 is reported for a MH Service Start record (M) Start and the Service Start Date is greater than 09/30/2017 and less than 09/30/2019, the BHTEDS Full Record exception field must have a value between 03 and 09, identifying why the information was not collected. If 98 is collected for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

Most Recent Military Service Era – A067 – State Field

Description: Indicates the most recent Military Service Era in which the individual served or was in the reserves, regardless of Veteran Status.

Value	Description
01	WWII
02	Korea
03	Vietnam
04	Desert Storm
05	Post 9/11 (OIF/OEF/OND)
06	Peace time era
95	Not applicable for FY17 record submitted in FY18 or later format.
96	Not applicable – No military service
97	Unknown for this Crisis Event
98	Not collected – MH BHTEDS full record exception

Guidelines:

- If the individual served/was in the reserves during more than one military era, report the most recent one.
- Report 95 if this is a FY17 record being submitted in the FY18 or later format.
- Report 96 if the individual never served in the military or reserves.
- 97 is only a valid response for Crisis Event (Q) records.
- 98 is only available for MH (M) records and used to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If 95 is reported, Service Start Date must be less than 10/01/2017.
- If this is an SU record (A) and 97 or 98 is reported, the record will be rejected.
- If this is a MH (M) record and 97 is reported, the record will be rejected.
- Invalid Most Recent Military Service Era - If Service Start Date greater than 09/30/2020 and Veteran Status = '1-Veteran', Most Recent Military Service Era must be 01, 02, 03, 04, 05, or 06.
- If 98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2017 and less than 09/30/2019, the BHTEDS Full Record exception field must have a value between 03 and 09, identifying why the information was not collected. If 98 is collected for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

Branch Served In – A068 – State Field

Description: Indicates which branch of service the individual's most recent Military Service Era was in, regardless of Veteran Status.

Value	Description
01	Army
02	Armed National Guard
03	Navy
04	Air Force
05	Air National Guard
06	Marines
07	Coast Guard
95	Not applicable for FY17 record submitted in FY18 or later format.
96	Not applicable – No military service
97	Unknown for this Crisis Event
98	Not collected – MH BHTEDS full record exception

Guidelines:

- Report the branch in which the individual served/was in the reserves for the military era reported in most recent military service era (A067).
- Report 95 if this is a FY17 record being submitted in the FY18 or later format.
- Report 96 if the individual never served in the military or reserves.
- 97 is only a valid response for Crisis Event (Q) records.
- 98 is only available for MH (M) records and used to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If 95 is reported, Service Start Date must be less than 10/01/2017.
- If this is an SU record (A) and 97 or 98 is reported, the record will be rejected.
- If this is a MH (M) record and 97 is reported, the record will be rejected.
- Invalid Branch Served In - If Service Start Date greater than 09/30/2020 and Veteran Status = '1-Veteran', Branch Served In must be 01, 02, 03, 04, 05, 06, or 07.
- If 98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2017 and less than 09/30/2019, the BHTEDS Full Record exception field must have a value between 03 and 09, identifying why the information was not collected. If 98 is collected for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

Client/Family Enrolled in/Connected to VA/Veteran Resources/Other Support & Service Organizations – A070 – State Field

Description: Indicates whether or not an individual and/or member of their family is connected to veteran-related resources.

Value	Description
01	Yes
02	No
95	Not applicable for FY17 record submitted in FY18 or later format.
97	Unknown for this Crisis Event
98	Not collected – MH BHTEDS full record exception

Guidelines:

- For the purpose of this field, family is defined as immediate family: spouse, mother, father, sibling, half-sibling, and child.
- Report 95 if this is a FY17 record being submitted in the FY18 or later format.
- 97 is only a valid response for Crisis Event (Q) records.
- 98 is only available for MH (M) records and used to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If 95 is reported, Service Start Date must be less than 10/01/2017.
- If this is an SU record (A) and 97 or 98 is reported, the record will be rejected.
- If this is a MH (M) record and 97 is reported, the record will be rejected.
- Invalid VA/Other Support Services - If Service Start Date greater than 09/30/20/20 and Veteran Status = '1-Veteran', Individual/Family connected to VA or other supported services must be 01 or 02.
- If 98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2017 and less than 09/30/2019, the BHTEDS Full Record exception field must have a value between 03 and 09, identifying why the information was not collected. If 98 is collected for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

Veteran Status – A032 – Federal Field

Description: Indicates whether the individual has served in the uniformed services (Army, Navy, Air Force, Marine Corps, Coast Guard, or Public Health Service Commissioned Corps).

Value	Description
1	Veteran
2	Not a Veteran
7	Unknown for this Crisis Event (Q)
8	Not collected – MH BHTEDS full record exception.

Guidelines:

- A veteran is an individual 16 years or over who has served (even for a short time), but is not now serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, Coast Guard or Commissioned Corps of the U.S. Public Health Service or the National Oceanic and Atmospheric Administration, or who served as a Merchant Marine seaman, during World War II.
- Persons who served in the National Guard or Military Reserves are classified as veterans only if they have ever been called or ordered to active duty (excluding the 4-6 months of initial training and yearly summer camps), a co-located or crisis-only service.
- 7 is not a valid response for SU (A) or MH (M) records with a Service Start Date greater than 09/30/2017; however, it may be used when submitting 'old' pre-10/01/2017 records. After 09/30/2017, 97 is only valid for Crisis Event (Q) records.
- 8 is only available for MH (M) records and is used to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If 7 is reported for an SU (A) or MH (M) record, Service Start Date must be less than 10/01/2017.
- If this is an SU (A) or Crisis Event (Q) record and 8 is reported, the record will be rejected.
- If 8 is reported for a Mental Health Record (M) and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected. If 8 is reported for a Mental Health Record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

Employment Status – A033; DU024 – Federal Field

Description: Describes the individual's current employment status.

Value	Description	Detail
01	Full-time Competitive, Integrated Employment	Individual working 35 hours or more per week, with or without supports, in a typical workplace setting, where the majority of persons employed are not persons with disabilities, earning wages consistent with those paid workers without disabilities in the community performing the same or similar work. The individual earns at least minimum wage. May include self-employment and active-duty members of the uniformed services.
02	Part-time Competitive, Integrated Employment	Individual working less than 35 hours per week, with or without supports, in a typical workplace setting, where the majority of persons employed are not persons with disabilities, earning wages consistent with those paid workers without disabilities in the community performing the same or similar work. The individual earns at least minimum wage. May include self-employment.
03	Unemployed	Individual who has looked for work during the past 30 days or on a layoff from a job
04	Not in Competitive, Integrated Labor Force	An individual: a.) who has not looked for work in the past 30 days; b.) whose current disability symptoms prevent him/her from competitively or non-competitively working; c.) who is primarily a student, homemaker, retired, inmate of an institution; or d.) who works in a non-competitive or non-integrated environment. Individuals in this category are further described in "Detailed Not in Labor Force (A034; DU025).
97	Unknown for this Crisis Event	
98	Not Applicable	Individual is under 16 years of age

Guidelines:

- Competitive Integrated Employment (CIE)
  - Competitive = individual is at least earning minimum wage; Persons with disabilities earning wages consistent with those workers without disability performing similar work.
  - Integrated = majority of persons employed are not persons with disabilities
- Enter the 2-character value that describes the individual's employment status.
- When staffing agencies are utilized in filling individual competitive, integrative positions, the coinciding competitive, integrated employment response (01 or 02) should be selected.
- Individuals under the age of 16 are always reported as a 98-Not Applicable.
- Minimum wage in the State of Michigan minimum is defined by Public Act 138 of 2014, the Workforce Opportunity Wage Act. Currently, it is:
  - $9.87 = minimum hourly wage
  - $3.75 = tipped employee hourly wage rate
  - $4.25 = training wage for first 90 days of employment of individuals 16-19 years of age
  - $8.39 = minors' (16-17 years old) minimum hourly wage
- On January 1, 2023, Michigan's minimum wage will become:
  - $10.10 per hour = minimum hourly wage

- o $3.84 = tipped employee hourly wage rate
- o $4.25 = training wage for first 90 days of employment of individuals 16-19 years of age (no change)
- o $8.59 = minors' (16-17 years old) minimum hourly wage
- When an individual is engaged in two or more activities (has overlapping status) at the time of data collection, the Depart of Labor prioritization system dictates which to choose. Basically, the Department of Labor prioritizes labor force activities over non-labor-force activities and working overlooking for work.   The order of selecting the relevant employment status is:
  - o Competitive, integrated full or part time employment
  - o Paid work that is not competitive or not integrated or neither
  - o Unemployed if looking for work
  - o Not in the Labor Force
- Examples of coding individuals who engage in more than one employment status activity
  - o A homemaker who works part-time in the competitive, integrated labor force is coded 02.
  - o A full-time waiter looking for a new job as a receptionist is coded 01.
  - o An individual working in a sheltered workshop searching for competitive work is coded 04-not in the labor force.
  - o A student actively searching for work (includes sending out resumes, interviewing, etc.) is coded 03-unemployed.
- Reporting Self-employed individuals:
  - o Self-employed working 35 or more hours per week, primarily in an integrated setting, making at least minimum wage = Full-time competitive integrated employment.
  - o Self-employed working less than 35 hours per week, primarily in an integrated setting, making at least minimum wage = Part-time competitive integrated employment.
  - o Self-employed not working primarily in an integrated environment OR not making at least minimum wage = Not in the Labor Force with detailed employment status of micro-enterprise.
  - o Examples:
    - Someone who delivers newspapers or sells Avon or product(s) they make to family, friends, the general public (i.e., craft fair booth, personal visits) who's netting the equivalent of at least minimum wage for hours spent would be considered competitively employed in an integrated setting.
    - Person who makes products at home while someone else integrating within the community sells them would not be working in an integrated environment, so would not be CIE.
    - An individual who makes products, but net profit equates to $2.50/hour is not making competitive wages, so would not be CIE.
- Reporting of an individual in an internship program:
  - o If the internship is a school requirement, whether paid or not, the individual is considered a "student" and coded as 04-Not in competitive, integrated labor force.
  - o If the internship is not a school requirement, is an unpaid position, does not displace regular employees, or does not entitle the individual to a job at the end of the internship, the individual is coded as 04-Not in competitive, integrated labor force.
  - o If the internship is not a school requirement, pays at least minimum wage, and the employer benefits from the intern's engagement in actual operations and performing productive work, then 01-Full-time…labor force or 02-Part-time…force is coded, based upon the number of hours the intern typically works each week.
- Individuals 16 and older who are not in the Competitive Labor Force are further described in "Detailed Not in Labor Force (A034; DU025)

- Seasonal workers are coded based on the employment status at the time of data collection.
  - A seasonal worker earning at least minimum wage, working 35 or more hours per week at time of data collection is coded 01 Full-Time Competitive Integrated Employment.
  - A seasonal worker earning at least minimum wage working less than 35 hours per week at time of data collection is coded 02-Part-time Competitive Integrated Employment.
  - A seasonal worker earning less than minimum wage or not working at the time of data collection is coded 04-Not in Competitive, Integrated Labor Force.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If 04-Not in Competitive, Integrated Labor Force is selected, Detailed Not in Competitive, Integrated Labor Force (A034; DU025) must have a value between 01 and 64.
- If 97 is reported for an SU (A, S, D) or MH (M, U, E) record, the record will be rejected.
- If individual is under 16 years of age, 98 must be selected.
- If individual is 16 years of age or older, 98 may not be selected.

Detailed 'Not in Competitive, Integrated Labor Force' – A034; DU025 – Federal Field

Description: Provides greater detail about individuals who are coded 04-Not in Labor Force in <u>Employment Status</u> (A033; DU024).

Value	Description
01	Homemaker
02	Student
03	Retired
04	Individual's current disability symptoms prevents him/her from competitively or non-competitively working or seeking work.
05	Receiving services from institutional facility such as hospital, jail, prison, long-term residential care, etc.
07	Participates in sheltered workshop
60	Discouraged worker
61	Unpaid volunteering and community service
62	Micro-Enterprise/Self-employment netting less than minimum wage/Self-employment in a primarily non-integrated Setting
63	Participates in enclave, mobile crew, or agency-funded 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.
65	Participates in a community-based activity program that takes place in an integrated setting and includes engagement with members of the general community
96	Not applicable as Employment Status is coded 01, 02, or 03.
97	Unknown for this Crisis Event (Q)
98	Not applicable as the individual is under 16 years of age.

Guidelines:

- Enter the 2-character value that best describes primary activity not in the Competitive, Integrated Labor Force of the individual.
- 97 is only allowable for Crisis Event (Q) records.
- When CLS staff is taking an individual to a community-based activity (i.e., shopping), 64 is reported.
- 65 is reported when an individual participates in a community-based, integrated program such as a community bowling league, softball league, club (euchre, Elks, etc.) where the majority of the persons participating do not have disabilities.
- If the individual is engaged in more than one activity, report paid activities over non-paid activities.
- If the individual participates in more than one non-paid activity, report the activity where the individual spends the most time.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If Not in Competitive, Integrated Labor Force (04) IS selected for Employment Status (A033; DU024), 01, 02, 03, 04, 05, 07, 60, 61, 62, 63, 64, or 65 must be selected for Detailed Not in Competitive, Integrated Labor Force (A034; DU025).

- If individual is reported as in the Competitive, Integrated Labor Force (01, 02, or 03) is selected for Employment Status (A033; DU024), 96 must be reported for Detailed Not in Competitive, Integrated Labor Force (A034; DU025).
- If 97 is reported for an SU (A, S, D) or MH (M, U, E) record, the record will be rejected.
- If the individual is less than 16 years of age, 98 must be reported for Detailed Not in Competitive, Integrated Labor Force (A034; DU025).
- If the individual is 16 years of age or older, 98 may not be reported for Detailed Not in Competitive, Integrated Labor Force (A034; DU025)

Work/Task Hours – A065; DU046– State Field

Description: Identifies the number of hours in the past two (2) weeks that the individual performed work/tasks specific to the Employment Status reported in A033 or DU024 (Full-time competitive, integrated employment; Part-time competitive, integrated employment; Self-employment primarily in an integrated setting earning at least minimum wage; Unemployed but looking for competitive, integrated employment; student; unpaid volunteering or community service; Micro-enterprise/Self-employment earning less than minimum wage/Self-employment primarily in a non-integrated setting; enclave/transitional employment; sheltered non-competitive employment; facility-based (disability specific) activities; Community-based activities in a fully integrated setting.)

Value	Description
nnn	Reported number of hours, in the past two weeks, that the individual performed work/tasks specific to Employment Status 01, 02, 03 OR Employment Status 04 with Detailed not in Labor Force of 02, 07, 61, 62, 63, 64, or 65
996	N/A – Used for all other Employment Status/Detailed Not in Competitive Integrated Labor Force Combinations such as Discouraged Worker, Retired, Individual Receiving Services from Institutional Facility, etc.
997	Unknown for this crisis event (Q)
998	Not collected – MH BHTEDS full record exception.

Guidelines:

- Enter the 3-digit value equal to the number of hours the individual reported working/performing the task identified in Employment Status (A033 or DU024) in the most recent two (2) weeks. Hours are expected for the following Employment Statuses:
  - 01 - Full-time competitive, integrated employment
  - 02 - Part-time competitive, integrated employment
  - 03 - Unemployed but looking for competitive, integrated employment – Enter the number of hours the individual spent looking for work in the past two (2) weeks.
  - 04 – Not in Competitive, Integrated Labor Force AND Detailed Not in Competitive, Integrated Labor Force of:
    - 02 – Student – Enter the number of hours the individual spent in class and doing homework in the past two (2) weeks.
    - 07 – Participates in sheltered workshop
    - 61 – Unpaid volunteering, community service, etc.
    - 62 – Micro-enterprise/Self-employment earning less than minimum wage/Self-employment primarily in non-integrated setting
    - 63 – In enclave/mobile crews/transitional employment
    - 64 – Participates in sheltered non-competitive employment/activity (disability based)
    - 65 – Participates in fully-integrated community activities
- Enter 996 for individuals with the following Employment Statuses:
  - 04 – Not in Competitive, Integrated Labor Force AND Detailed Not in competitive, Integrated Labor Force of:
    - 01 – Homemaker
    - 03 – Retired

- ▪ 04 – Individual's current disability symptoms prevent him/her from competitively or non-competitively working.
- ▪ 05 – Receiving services from an institutional facility.
- ▪ 60 – Discouraged Worker
  - o 98 – Individual is under 16 years of age.
- 997 is not a valid response for SU (A, D) or MH (M, U, E) records with a Service Start Date greater than 09/30/2017; however, it may be used when submitting 'old' pre-10/01/2017 records. After 09/30/2017, 97 is only valid for Crisis Event (Q) records.
- 998 is only available for MH (M, U, E) records and used to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If in Competitive, Integrated Labor Force (01 or 02), Unemployed (03) is selected for Employment Status (A033; DU024), a number less than 300 must be reported.
- If Not in Competitive, Integrated Labor Force (04) is selected for Employment Status (A033; DU024) AND Detailed Not in Competitive, Integrated Labor Force is 02, 07, 61, 62, 63 64, or 65, then a number less than 996 must be reported.
- If Not in Competitive, Integrated Labor Force (04) is selected for Employment Status (A033; DU024) AND Detailed Not in Competitive, Integrated Labor Force is 01, 03, 04, 05, or 60, 996 must be entered.
- If the individual is less than 16 years of age, 996 must be entered.
- If 997 is reported for an SU (A, S, D) or MH (M, U, E) record, Service Start Date must be less than 10/01/2017. After 09/30/2017, 997 is only valid for Crisis Event (Q) records.
- If this is an SU record (A, S, D) and 998 is reported, the record will be rejected.
- If 998 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected. If 998 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.
- If 998 is reported for a MH Service Update/End (U/E) and the Service Update/End Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected. If 998 is reported for MH Service Update/End record and the Service Update/End Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

Earning per Hour – A066; DU047– State Field

Description: Identifies how much the individual earned per hour during the past two(2) weeks for the number of hours the individual performed work/tasks specific to the Employment Status reported in A033 or DU024 (Full-time competitive, integrated employment; Part-time competitive, integrated employment; Self-employment primarily in an integrated setting earning at least minimum wage; Unemployed but looking for competitive, integrated employment; student; unpaid volunteering or community service; Micro-enterprise/Self-employment earning less than minimum wage/Self-employment primarily in a non-integrated setting; enclave/transitional employment; sheltered non-competitive employment; facility-based (disability specific) activities; Community-based activities in a fully integrated setting.)

Value	Description
dd.cc	Reported hourly rate, in the past two weeks, that the individual performed work/tasks specific to Employment Status 01, 02, 03 OR Employment Status of 04 with Detailed not in Labor Force of 02, 07, 61, 62, 63, 64, or 65.
96.96	N/A – Used for all other Employment Status/Detailed Not in Competitive Integrated Labor Force Combinations such as Discouraged Worker, Retired, Individual Receiving Services from Institutional Facility, etc.
97.97	Unknown for this Crisis Event (Q)
98.98	Not collected – MH BHTEDS full record exception.

Guidelines:

- Enter, in dollars and cents (dd.cc), the hourly rate the individual reported she/he earned working/performing the task identified in Employment Status (A033 or DU024) in the most recent two (2) weeks in the following Employment Statuses:
  - 01 - Full-time competitive, integrated employment – Should at least be minimum wage.
  - 02 - Part-time competitive, integrated employment – Should at least be minimum wage.
  - 03 - Unemployed but looking for competitive, integrated employment – For hourly rate, 0.00 is expected.
  - 04 – Not in Competitive, Integrated Labor Force AND Detailed Not in Competitive, Integrated Labor Force of:
    - 02 – Student – 00.00 is expected
    - 07 – Participates in sheltered workshop – hourly earnings other than 0.00 is expected
    - 61 – Unpaid volunteering, community service, etc. – 00.00 is expected
    - 62 – Micro-enterprise/Self-employment earning less than minimum wage/Self-employment primarily in non-integrated setting – hourly earnings other than 0.00 is expected
    - 63 – In enclave/mobile crews/transitional employment – hourly earnings other than 0.00 is expected
    - 64 – Participates in sheltered non-competitive employment/activity (disability based)
    - 65 – Participates in fully-integrated community activities
- If an individual worked more than one part-time job in the past two weeks multiply the hours worked at each job by its wage. Then, add the wages together. Then, divide the sum of the wages by hours worked.
  Example: In the last two weeks, Sandy worked 7 hours at McDonald's at $15 per hour and 8 hours at ABC Cleaning Services at $12 per hour. Her earnings per hour would be:
      [(7 x $15) + (8 x $12)] / 15 = ($105 + $96) / 15 = $201 / 15 = $13.40 per hour

- Enter 96.96 for individuals with the following Employment Statuses:
  - 04 – Not in Competitive, Integrated Labor Force AND Detailed Not in competitive, Integrated Labor Force of:
    - 01 – Homemaker
    - 03 – Retired
    - 04 – Individual's current disability symptoms prevent him/her from competitively or non-competitively working.
    - 05 – Receiving services from an institutional facility.
    - 60 – Discouraged Worker
  - 98 – Individual is under 16 years of age.
- 97.97 is not a valid response for SU (A, D) or MH (M, U, E) records with a Service Start Date greater than 09/30/2017; however, it may be used when submitting 'old' pre-10/01/2017 records. After 09/30/2017, 97.97is only valid for Crisis Event (Q) records.
- 98.98 is only available for MH (M, U, E) records and used to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If in Competitive, Integrated Labor Force (01 or 02), Unemployed (03) is selected for Employment Status (A033; DU024), a number less than 96.96 must be reported.
- If Not in Competitive, Integrated Labor Force (04) is selected for Employment Status (A033; DU024) AND Detailed Not in Competitive, Integrated Labor Force is 02, 07, 61, 62, 63 or 64, or 65, then a number less than 96.96 must be reported.
- If Not in Competitive, Integrated Labor Force (04) is selected for Employment Status (A033; DU024) AND Detailed Not in Competitive, Integrated Labor Force is 01, 03, 04, 05, or 60, 96.96 must be entered.
- If the individual is less than 16 years of age, 96.96 must be entered.
- If 97.97 is reported for an SU (A, S, D) or MH (M, U, E) record, Service Start Date must be less than 10/01/2017.
- If this is an SU record (A, S, D) and 98.98 is reported, the record will be rejected.
- If 98.98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected. If 98.98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.
- If 98.98 is reported for a MH Service Update/End (U/E) and the Service Update/End Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected. If 98.98 is reported for MH Service Update/End record and the Service Update/End Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

Minimum Wage – A035; DU026 – State Field

Description: Specifies whether an individual is earning minimum wage.

Value	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	Unknown for this Crisis Event (Q)
98	Not collected – MH BHTEDS full record exception.

Guidelines:

- Enter the 2-character value that best identifies whether a working individual is earning minimum wage or not or identify the individual as not working.
- Minimum wage in the State of Michigan minimum is defined by Public Act 138 of 2014, the Workforce Opportunity Wage Act. Currently, it is:
  - ○ $9.65 = minimum hourly wage
  - ○ $3.67 = tipped employee hourly wage rate
  - ○ $4.25 = training wage for first 90 days of employment of individuals 16-19 years of age
  - ○ $8.20= minors' (16-17 years old) minimum hourly wage
- On January 1, 2023, Michigan's minimum wage will become:
  - ○ $10.10 per hour = minimum hourly wage
  - ○ $3.84 = tipped employee hourly wage rate
  - ○ $4.25 = training wage for first 90 days of employment of individuals 16-19 years of age (no change)
  - ○ $8.59 = minors' (16-17 years old) minimum hourly wage
- 97 is not a valid response for SU (A, S, D) or MH (M, U, E) records with a Service Start Date greater than 09/30/2017; however, it may be used when submitting 'old' pre-10/01/2017 records.98 is only available for MH (M, U, E) records and used to report if the answer was not collected.
- 98 is only available for MH (M, U, E) records and used to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If Employment Status is Competitive, Integrated Full-time, or Competitive, Integrated Part-time and Service Start/Update/End Date is greater than 09/30/18 and 02, 03, or 98 is reported for Minimum Wage, the record will be rejected.
- If 97 is reported, Service Start Date must be less than 10/01/2017.
- If Employment Status is 03 (Unemployed), and 01, 02, or 98 is reported for Minimum Wage, the record will be rejected.
- If Employment Status is 04 AND Detailed Not in the Competitive, Integrated Labor Force is 62 and 01, 03, or 98 is reported for Minimum Wage, the record will be rejected.
- If Employment Status is 04 AND Detailed Not in the Competitive, Integrated Labor Force is 01, 02, 03, 04, 60, 61, or 65 and Minimum Wage of 01, 02, or 98, the record will be rejected.
- If 97 is reported for an SU (A, S, D) or MH (M, U, E) record, the record will be rejected.

- If this is an SU record (A, S, D) and 98 is reported, the record will be rejected.
- If 98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected. If 98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.
- If 98 is reported for a MH Service Update/End (U/E) and the Service Update/End Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected. If 98 is reported for MH Service Update/End record and the Service Update/End Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

Total Annual Income – A036; DU027 – State Field

Description: Specifies the individual's current Annualized Income utilized in calculating their Ability to Pay (ATP).

Value	Description
nnnnnn	6-digit annualized income utilized in calculating ATP.
999997	Not collected for this Crisis Event (Q)
999998	Not collected for this due to Full-BHTEDS record exception.

Guidelines:

- 6-digit annualized income utilized in calculating the individual's ATP rounded to the nearest whole dollar with no commas or decimal points.
- When ATP is not calculated for a Medicaid-eligible individual receiving MH non-residential-only services, enter the annual income as reported by the individual. If the Medicaid-eligible individual receiving MH non-residential-only services refuses to provide their income and is not reporting full or part-time Competitive, Integrated employment, report $0. If the Medicaid-eligible individual receiving MH non-residential-only services who is reporting full- or part-time competitive employment refuses to provide their income, report your best estimate based on the employment reported.
- Children are typically reported on parent(s)' tax return, so typically the total annual income of the parent(s) would be reported; however, in cases where the child's income is used in determining ATP (i.e., Children's Waiver Program, SED Waiver Programs) the total annual income would reflect the child's income only.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.
- If Employment Status is 01-Competitive, Integrated Full-time or 02-Competitive, Integrated Part-time, Total Annual Income must be greater than $0.

Number of Dependents – A037; DU028 – State Field

Description: Specifies the number of dependents utilized in calculating Ability to Pay (ATP).

Value	Description
nn	Number of dependents utilized in calculating ATP.
97	Unknown for this Crisis Event (Q)
98	Not collected – MH BHTEDS full record exception.

Guidelines:

- Enter the number of dependents utilized in calculating the individual's ATP.
- When ATP is not calculated for a Medicaid-eligible individual receiving MH non-residential-only services, enter the number of dependents as reported by the individual. If the Medicaid-eligible individual receiving MH non-residential-only services refuses to provide their number of dependents, report 1.
- Children are typically reported on parent(s)' tax return, so typically number of dependents claimed on parent(s)' return would be reported; however, in cases where the child's income is used in determining ATP (i.e., Children's Waiver Program and the SED Waiver Programs) the number of dependents would be 1.
- Report 1 for State Wards.
- Number of Dependents should never be zero (00).
- 97 is not a valid response for SU (A, S, D) or MH (M, U, E) records with a Service Start Date greater than 09/30/2017; however, it may be used when submitting 'old' pre-10/01/2017 records. After 09/30/2017, 97 is only valid for Crisis Event (Q) records.
- 98 is only available for MH (M, U, E) records and used to report if the answer was not collected.

Validation Edits:

- If this field is 00, the record will be rejected.
- If this field is blank or contains an invalid value, the record will be rejected.

Substance Use Problem (Primary, Secondary, and Tertiary) – A038, A042 & A046; DU029, DU031, & DU033 – Federal Field

Description: Identifies the individual's substance use problem (up to 3 substances)

Value	Description	Detail
01	None	
02	Alcohol	
03	Cocaine/Crack	
04	Marijuana/Hashish	Includes THC and any other cannabis sativa preparations
05	Heroin	
06	Non-prescription Methadone	Illicit use of prescription methadone
07	Synthetic Opiates & Other Opiates	Includes buprenorphine, butorphanol, codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and other narcotic analgesics, opiates, or synthetics
08	PCP	Phencyclidine
09	Hallucinogens	Includes LSD, DMT, mescaline, peyote, psilocybin, STD, and other hallucinogens
10	Methamphetamine/Speed	
11	Other Amphetamines	Includes amphetamines, MDMA, 'bath salts', phenmetrazine, and other amines and related drugs
12	Other Stimulants	Includes methylphenidate and any other stimulants
13	Benzodiazepines	Includes alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flunitrazepam, flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other benzodiazepines
14	Other Tranquilizers	Includes meprobamate, and other non-benzodiazepine tranquilizers
15	Barbiturates	Includes amobarbital, pentobarbital, phenobarbital, secobarbital, etc.
16	Other Sedatives or Hypnotics	Includes chloral hydrate, ethchlorvynol, glutethimide, methaqualone, and other non-barbiturate sedatives and hypnotics.
17	Inhalants	Includes aerosols; chloroform, ether, nitrous oxide, and other anesthetics; gasoline; glue; nitrites; paint thinner and other solvents; and other inappropriately inhaled products.
18	Over-the-Counter Medications	Includes aspirin, dextromethorphan and other cough syrups, diphenhydramine and other antihistamines, ephedrine, sleep aids, and any other legally obtained, non-prescription medication.
20	Other Drugs	Includes diphenylhydantoin/phenytoin, GHB/GBL, ketamine, "spice", carisoprodol, and other drugs
97	Unknown for this Crisis Event	Only available for Q records
98	Not collected – MH BHTEDS full record exception.	Only available for Secondary and Tertiary Substance Use Problem fields on MH (M, U, E) records

Guidelines:

- Enter the 2-character value that corresponds to the substance.

- Primary, secondary, tertiary substances should reflect the order in which the substances are creating the most difficulty in the individual's life.
- Primary, secondary, and tertiary substances must be unique. That is, a Substance use Problem cannot be identified more than once.
- Primary, secondary, tertiary substance must be completed sequentially. For example, if there's a secondary, there must be a primary substance other than 'None'.
- Primary, secondary, and tertiary substances on the Service Start Record have an associated Route of Administration (A039, A043, & A047) and Age at First Use (A041, A045, & A049) that must be completed.
- Primary, secondary, and tertiary substances on the Service Start and Service Update/End Records have an associated Frequency of Use (A040, A044, A048, DU030, DU032, DU034) that must be completed
- 98 is only available for MH (M, U, E) records and u   to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- For MH (M, U, E) records, if Primary Substance Used is other than 01-None, Co-occurring/Integrated Substance Use and Mental Health Treatment (A051) must be 1 (individual with co-occurring MH/SU problems is receiving integrated treatment) or 3 (individual with co-occurring MH/SU problems is not receiving integrated treatment.
- Other than 01-None, Primary Substance use Problem ≠ Secondary OR Tertiary Substance Use Problem.
- Other than 01-None, Secondary Substance Use Problem ≠ Primary OR Tertiary Substance Use Problem.
- Other than 01-None, Tertiary Substance Use Problem ≠ Primary Substance Use Problem.
- Other than 01-None or 98-Not collected-MH BHTEDS full record exception, Tertiary Substance Problem ≠ Secondary Substance Use Problem.
- If the Substance Use Problem (Primary, Secondary, or Tertiary) is 01-None, all related fields (Route of Administration (A039, A043, & A047), Frequency of Use (A040, A044, A048, DU030, DU032, DU034), and Age at First Use (A041, A045, & A049) must be 96-Not Applicable.
- If a Secondary Substance Use Problem is identified, the Primary Substance Use Problem must not be 01-None.
- If a Tertiary Substance Use Problem is identified, the Primary and Secondary Substance Use Problems must not be 01-None.
- If this is an SU (A, S, D) or MH (M, U, E) record and 97 is reported, the record will be rejected.
- If this is an SU record (A, S, D) and 98 is reported, the record will be rejected.
- If this is a MH record (M, U, E) and 98 is reported for Primary Substance Use Problem, the record will be rejected.
- If 98 is reported for a MH Service Start record (M) for Secondary or Tertiary Substance Use Problem, and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected. If 98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.
- If 98 is reported for a MH Update/End record (U/E) for Secondary or Tertiary Substance Use Problem, and the Service Update/End Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected. If 98 is reported for a MH Update/End record (U/E) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

- If Primary Substance Use is not 01 and there's a non-999.9997 Mental Health Diagnosis One, the co-occurring SA and MH problem (A051) must be 01 (co-occurring and receiving integrated treatment) or 03 (co-occurring, but not receiving integrated treatment).

Route of Administration (Primary, Secondary, and Tertiary) – A039, A043 & A047 – Federal Field

Description: Identifies the usual route of administration of the drug identified in Substance Use Problem.

Value	Description	Detail
01	Oral	
02	Smoking	
03	Inhalation	
04	Injection	Includes intravenous, intramuscular, intradermal, or subcutaneous.
20	Other	
96	Not Applicable	When related Substance Use Problem is 01-None
97	Unknown for this Crisis Event	Only available for Crisis Event (Q) records
98	Not collected – MH BHTEDS full record exception.	Only available for Secondary and Tertiary Route of Administration fields on MH (M) records

Guidelines:

- Enter the 2-character value that corresponds to the most frequent route of administering the substance identified as a Substance Use Problem as Primary (A038), Secondary (A042), and Tertiary (A046).
- If there is a value other than 01-None, 97-Unknown for this Crisis Event or 98-Not collected-MH BHTEDS full record exception for Substance Use Problem (Primary (A038), Secondary (A042), and/or Tertiary (A046), this Route of Administration must be 01-20.
- 97 is only available for Crisis Event (Q) records.
- 98 is only available for Secondary and Tertiary Route of Administration of MH (M) records and used to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If Substance Use Problem (Primary, Secondary, or Tertiary) is 01-None, Route of Administration (A039, A043, & A047) must be 96-Not Applicable.
- If Substance Use Problem (Primary, Secondary, or Tertiary) is not 01-None, Route of Administration (A039, A043, & A047) must NOT be 96-Not Applicable.
- If this is an SU (A) or MH (M) record and 97 is reported, the record will be rejected.
- If this is an SU (A) or MH Crisis Event (Q) record and 98 is reported, the record will be rejected.
- If this is a MH record (M) and 98 is reported for Primary Route of Administration, the record will be rejected.
- If this is a MH record (M) and Secondary or Tertiary Substance Use value is 98-Not collected full BHTEDS record exception, related Route of Administration must be 98-Not collected full BHTEDS record exception.
- If 98 is reported for a MH record (M) for Secondary or Tertiary Substance Use Problem, and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected. If 98 is reported for a Mental Health Record (M, U, E) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

Frequency of Use (Primary, Secondary, and Tertiary) – A040, A044 & A048; DU030, DU032 & DU034 – Federal Field
**Reminder: For T2 records (D, U, E) use the past 30 days or the time since admission, whichever is shorter.

Description: Identifies the frequency which the substance identified in Substance Use Problem was used. For Service Start Records (A & M) utilize the 30-day window when the individual last had the opportunity to use. For Service Update records (S, U) or End records (D, E), utilize the past 30 days or since Service Start/Most recent Update, whichever is shorter.

Value	Description
01	No Use in the Past Month
02	Used on 1-3 days in the Past Month
03	Used on 1-2 days in the Past Week
04	Used on 3-6 days in the Past Week
05	Daily
96	Not Applicable – when related Substance Use Problem is 01-None
97	Unknown for this Crisis Event
98	Not collected – MH BHTEDS full record exception.

Guidelines:

- The purpose of collecting this field at Service Start Records (A & M) is to identify the use pattern in the last 30 days that the individual **had the ability to use** (i.e., not incarcerated, hospitalized, or in residential treatment). Hence, enter the 2-character value that best reflects the number of days in that 30-day window that the individual used the substance identified as a Substance Use Problem as Primary (A038), Secondary (A042), and Tertiary (A046).
- The purpose of collecting this field at Service Update/End is to identify the use pattern since treatment began. Hence, for Service Update and End records (S, U, D, E) enter the 2-character value that best reflects the number of days in the past 30 days or since the Service Start/Update Date, **whichever is shorter**, that the individual used the substance identified as a Substance Use Problem as Primary (DU029), Secondary (DU031), and Tertiary (DU033).
- If there is a value other than 01-None, 97-Unknown for this Crisis Event or 98-Not collected-MH BHTEDS full record exception for Substance Use Problem (Primary (A038; DU029), Secondary (A042; DU031), and/or Tertiary (A046; DU033), the Frequency of Use must be 01-05.
- 97 is only available for Crisis Event (Q) records.
- 98 is only available for Secondary and Tertiary Frequency of Use MH (M, U, E) records and used to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If Substance Use Problem (Primary, Secondary, or Tertiary) is 01-None, the related Frequency of Use (A040, A044, A048, DU030, DU032, and DU034) must be 96-Not Applicable.
- If Substance Use Problem (Primary, Secondary, or Tertiary) is not 01-None, the related Frequency of Use (A040, A044, A048, DU030, DU032, and DU034) must NOT be 96-Not Applicable.
- If this is an SU (A, S, D) or MH (M, U, E) record and 97 is reported, the record will be rejected.

- If this is an SU (A, S, D) or MH Crisis Event (Q) record and 98 is reported, the record will be rejected.
- If this is a MH record (M, U, E) and 98 is reported for Primary Frequency of Use, the record will be rejected.
- If this is a MH record (M, U, E) and Secondary or Tertiary Substance Use value is 98-Not collected full BHTEDS record exception, related Frequency of Use must be 98-Not collected full BHTEDS record exception.
- If 98 is reported for a MH Service Start record (M) for Secondary or Tertiary Substance Use Problem, and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected.   If 98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.
- If 98 is reported for a MH Update/End record (U/E) for Secondary or Tertiary Substance Use Problem, and the Service Update/End Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected. If 98 is reported for a MH Update/End (U/E) record and the Service Update/End Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

Age at First Use (Primary, Secondary, and Tertiary) – A041, A045 & A049 – Federal Field

Description: Identifies newborn dependency, age of first intoxication, or age of first use for substance(s) identified as Primary, Secondary, and Tertiary.

Value	Description	Detail
00	Newborn	Identifies a newborn with a substance dependency problem (i.e., FASD or NAS)
01-95	Age of first Use	Identifies, in years, the age of first intoxication if Substance Use Problem is alcohol OR the age, the individual first used the substance if Substance Use Problem is any other drug than alcohol.
96	Not Applicable	When related Substance Use Problem is 01-None
97	Unknown for this Crisis Event	Only available for Crisis Event (Q) records
98	Not collected – MH BHTEDS full record exception.	Only available for Secondary and Tertiary Age at First Use fields on MH (M) records

Guidelines:

- If there is a value other than 01-None, 97-Unknown for this Crisis Event or 98-Not collected-MH BHTEDS full record exception for Substance Use Problem (Primary (A038), Secondary (A042), and/or Tertiary (A046), the related Age at First Use must be 00-95.
- If the individual is born with a substance use dependency (i.e., FASD or NAS), enter 00 for Newborn.
- If the Primary (A038), Secondary (A042), or tertiary (A046) Substance Use Problem is 02-Alcohol, enter the 2-character value that corresponds to age of the individual's first intoxication.
- If the Primary (A038), Secondary (A042), and/or Tertiary (A046) Substance Use Problem is any drug other than 02-Alcohol, enter the 2-character value that corresponds to the age at which the individual first used (not abused) the drug.
- 97 is only available for Crisis Event (Q) records.
- 98 is only available for Secondary and Tertiary Age at First Use MH (M) records and used to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If Substance Use Problem (Primary, Secondary, or Tertiary) is 01-None, Age at First Use (A041, A045, & A049) must be 96-Not Applicable.
- If Substance Use Problem (Primary, Secondary, or Tertiary) is 02-20, Age at First Use (A041, A045, & A049) must NOT be 96-Not Applicable.
- If this is an SU (A) or MH (M) record and 97 is reported, the record will be rejected.
- If this is an SU (A) or MH Crisis Event (Q) and 98 is reported, the record will be rejected.
- If this is a MH record (M) and 98 is reported for Primary Age at First Use, the record will be rejected.
- If this is a MH record (M) and Secondary or Tertiary Substance Use value is 98-Not collected full BHTEDS record exception, related Age at First Use must be 98-Not collected full BHTEDS record exception.
- If 98 is reported for a MH Start (M) record for Secondary or Tertiary Age at First Use, and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value

between 03 and 09, identifying why the information was not collected.   If 98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

Medication-Assisted Opioid Therapy – A050, DU051 – A is Federal Field, D is State Field

Description: Identifies whether the use of opioid medications such as methadone, buprenorphine, Vivitrol, Suboxone, or naltrexone will be/was part of the individual's treatment plan.

Value	Description	Detail
1	Yes	Opioid medications such as methadone, buprenorphine Vivitrol, Suboxone, or naltrexone will be/was part of the individual's treatment plan.
2	No	Opioid medications such as methadone, buprenorphine Vivitrol, Suboxone, or naltrexone will/was NOT be part of the individual's treatment plan.
6	Not Applicable	Used if the individual is **not** in treatment for an opioid problem.
7	Unknown for this Crisis Event (Q)	

Guidelines:

- 1-Yes or 2-No should be selected if the individual's Primary, Secondary, or Tertiary (A038, A042, A046) is 05-Heroin, 06-Non-prescription Methadone, or 07-Other Opiates and Synthetics.
- 1-Yes should be selected if the individual's Primary, Secondary, or Tertiary (A038, A042, A046) IS 05-Heroin, 06-Non-prescription Methadone, or 07-Other Opiates and Synthetics AND opioid medications such as buprenorphine, vivitrol, Suboxone, or naltrexone is/was part of the individual's treatment regardless of prescriber.
- 6-Not Applicable should be selected if NONE of the individual's Primary (A038), Secondary (A042), or Tertiary (A046) Substance Use is 05-Heroin, 06-Non-prescription Methadone, or 07-Other Opiates and Synthetics.
- 7-Unknown for this Crisis Event is only allowable for Crisis Event (Q) records regardless of the reported Primary, Secondary, or Tertiary Substance Use.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If 1-Yes or 2-No are reported and the individual does not have 05-Heroin, 06-Non-prescription Methadone, or 07-Other Opiates and Synthetics reported in Primary, Secondary or Tertiary Substance Use Problem, the record will be rejected.
- If 6-Not applicable is reported and the individual does have 05-Heroin, 06-Non-prescription Methadone, or 07-Other Opiates and Synthetics reported in Primary, Secondary or Tertiary Substance Use Problem, the record will be rejected.
- If this is an SU (A, S, D) or MH (M, U, E) record and 7 is reported, the record will be rejected.

Co-occurring Disorder/Integrated Substance Use and Mental Health Treatment – A051, DU048 – A is Federal Field, D is State Field

Description: Identifies whether the individual with co-occurring substance use and mental health problems is receiving MH and SU treatment managed a single entity from an integrated team under an integrated treatment plan. For the dual-diagnosis (MH and SU) individual receiving integrated treatment, the services appear seamless with a consistent approach.

Value	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
3	Client with co-occurring substance use and mental health problems is NOT currently receiving integrated treatment.
5	Not applicable – FY17 record submitted in FY18 or later format. Available on Update/Discharge record only.
7	Unknown for this Crisis Event

Guidelines:

- For 1-Yes to be selected, the Treatment plan must be integrated, including both MH and SU goals and managed by a single entity.
- When 1-Yes is selected, all fields of the BHTEDS record are required (i.e., there must be one or more substance use problem) and related fields like Route of Administration, Days Used in Last 30, etc. are answered other than 1-None.
- If Integrated Treatment is 1-Yes, MDHHS would expect encounters that address the treatment plan and all encounters submitted should include the HH modifier.
- When SU funds the substance use treatment, A, S, and D records should be used. When MH funds the SU treatment, M, U, and E records should be used.
- 2-No identifies individuals WITHOUT co-occurring substance use and mental health problems.
- 3 identifies individual WITH co-occurring substance use and mental health problems who is not receiving integrated treatment (i.e., treatment may be addressing MH or SU or the treatment addressing both issues is being conducted concurrently in a non-integrated fashion.)
- For SU records, if an individual has a MH diagnosis, select 3-Co-occurring if provider is not addressing MH issues OR 1-Integrated if they are addressing MH issues. The severity of the MH condition is addressed in the Detailed SMI/SED field.
- If an individual is not co-occurring/integrated, then there cannot be <u>both</u> a substance use and mental health diagnosis. There can only be one or the other.
- ==If integrated Treatment (1) or Co-occurring Disorder (3) is reported an SUD diagnosis is required in fields A058-SUD Diagnosis.==
- ==If integrated Treatment (1) or Co-occurring Disorder (3) is reported MH Diagnosis One other than 999.9997 is required==
- 5-Not applicable – FY17 record submitted in FY18, or later format may only be used on Update/discharge (D, E, U) records with a service Update/End date earlier than 10/01/17.
- 7 is only available for Crisis Event (Q) records.

- Examples:
  - MH services provided at a CMH, and SU services provided at a contracted provider. Each has its own treatment plan, different locations. Select 3 – Cooccurring on the SU and MH records; submit A-S-D records for the SU treatment episode; and submit M-U-E records for the MH treatment episode.
  - MH and SU services provided at a SU Provider and funded by SU. Select 1 – Integrated; Submit A-S-D records.
  - MH and SU services provided at a CMH. Select 1 – Integrated. If CMH funds SU services, submit an M-U-E records. If SU funds the SU services, submit A-S-D records.
  - CMH or its contractor is coordinating services and there is one treatment plan with input from both disciplines. CMH services provided at the CMH while SU services are provided at a SU Provider (different locations). Select 1 – Integrated. If CMH funds SU services, submit M-U-E records. If SU funds the SU services, submit A-S-D records.
- When there are concurrent MH and SU episodes, the PIHP should assure both records have the most accurate picture of the client, reaching out to providers as needed to correct any discrepancies.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.
- For MH (M, U, E) records, if Integrated Substance Use and Mental Health Treatment = 1 or 3 and Primary Substance Use is None-01, the record will be rejected.
- For M records, if Primary Substance of Abuse = 01, Integrated Substance Use and Mental Health Treatment must be 2-No.
- If Integrated Substance Use and Mental Health Treatment = 1, Mental Health Diagnostic Code One (A059; DU041) must NOT be 999.9997.
- For M records, if Integrated Substance Use and Mental Health Treatment = 2 and (Primary Substance use is not None-01 and Mental Health Diagnosis One is not 999.9997), the record will be rejected.
- For MH (M, U, E) records, if Integrated Substance Use and Mental Health Treatment = 1 and Attendance at Substance Use/Co-dependent Groups in Last 30 days is 98-Not Collected, the record will be rejected.
- If 5 is reported on an admission record (A or M) with a Service Start Date greater than 09/30/2017, the record will be rejected.
- If 5 is reported on an Update/discharge record with a service Update/end date greater than 09/30/2017, the record will be rejected.
- If 7 is reported on an SU (A, S, D) or MH (M, U, E) record, the record will be rejected.

Living Arrangements – A052; DU035 – Federal Field

Description: Identifies whether an individual is homeless or describes the individual's current residential situation or arrangement.

For Record Type	Value	Description	Detail
A, S, D, M, U, Q – All	01	Homeless	Individual having no fixed address. Includes homeless shelters.
A, S, D – SU	02	Dependent Living	Individual living in a supervised setting such as a residential institution, halfway house, transitional housing, recovery housing, or group home OR children (under age 18) living with parents, relatives or guardians, OR SU individuals in foster care.
A, S, D – SU	03	Independent Living	Individual with a fixed address living alone or with others in a private residence independently. Includes adult children (18 and older) living with parents and adolescents living independently. Also includes individuals living independently with case management or supported housing support
M, U, E – MH Q – Crisis Event	22	Residential Care/AFC	Individual residing in a residential care facility. This level of care includes group homes, therapeutic group homes, board and care, residential treatment, or agency-operated residential care facilities. *Must also select 221 or 222 in A053 and/or DU036-Detailed Living Arrangements.*
M, U, E – MH Q – Crisis Event	23	Living in a Private Residence <u>not owned or controlled</u> by the PIHP, CMHSP, or Contracted Provider	Individual living in a private residence alone, with a spouse, or non-relatives. The private residence is not owned or controlled by the PIHP, CMHSP, or Contracted Provider.
M, U, E – MH Q – Crisis Event	32	Foster Home/Foster Care	Individual living in a Foster Family Home, regardless of number of beds. Also utilized for therapeutic foster care facilities, a service that provides treatment for troubled children within private homes of trained families.
M, U, E – MH Q – Crisis Event	33	Living in a Private Residence <u>owned and/or controlled</u> by the PIHP, CMHSP, or Contracted Provider	Individual living in a private residence alone, with a spouse, or non-relatives. The private residence is owned by the PIHP, CMHSP or Contracted Provider.
M, U, E – MH Q – Crisis Event	42	Crisis Residential	Individual living in a time-limited 24/hour residential stabilization program that delivers services for acute symptom reduction and restores individuals to a pre-crisis level of functioning.
M, U, E – MH Q – Crisis Event	52	Institutional Setting	Individual living in an institutional care facility providing care 24 hours/day, 7 days/week care. Includes skilled nursing/intermediate care facilities, nursing homes, institutes of mental disease (IMD), CCI, inpatient psychiatric hospitals, psychiatric health facilities, veterans' affairs hospitals, Intermediate Care Facilities/MR, or state hospitals.

M, U, E – MH **Q – Crisis Event**	62	Jail/Correctional/Other Criminal Justice Institutions	Individuals living in jail, correctional facility, detention center, prison, or other institution under the justice system with care provided on a 24 hours/day, 7 days/week basis.
M, U, E – MH **Q – Crisis Event**	72	Living in a private residence with natural or adoptive family member(s)	Individuals living in a private residence with natural/adoptive family members. "Family member" means parent, stepparent, sibling, child, or grandparent of the primary person served or an individual upon whom the primary person served is dependent for at least 50% of their financial support.
Q – Crisis Event	97	Unknown for this crisis Event (Q)	

Guidelines:

- Enter the 2-character value that describes the individual's current living arrangement.
- For MH records (M, U, E), ~~and Crisis Events (Q)~~ select from 01 or 22-72.
- For MH Crisis records (Q), select from 01 or 22-97.
- For SU records (A, S, D), select from 01-03.
- Although Specialized Residential Facilities are Licensed Adult Foster Care (AFC) homes in Michigan, an individual residing in a Specialized Residential Group Home should be coded 22.
- If 22-Residential Care is selected, 221 or 222 must be selected for A053 and/or DU036-Detailed Residential Care Living Arrangement.
- 23 should be used when an individual can choose from among other options who will provide services and supports to them in their setting which is not owned or controlled by the provider
- 33 should be used if an individual may experience restriction of choice of who will provide services and supports to them. The individual accepts that the services will be provided by the provider or owner of the setting.
- 97 should be used when an individual is in crisis and cannot identify their living arrangement.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If SU record (A, S, D) and something other than 01, 02, or 03 is reported, the record will be rejected.
- If MH record (M, U, or E) and 02, 03 or 97 is reported, the record will be rejected.
- If 22-Residential Care is selected, Detailed Residential Care Living Arrangement (A053; DU036) must have a value of 221 or 222.
- If Living Arrangement is anything other than 22-Residential Care, 996 must be reported for Detailed Residential Care Living Arrangement (A053; UD036)

Detailed Residential Care Living Arrangement – A053; DU036 – State Field

Description: Provides greater detail about type of Residential Home in which an individual is living.

Value	Description
221	Specialized Residential Home includes any adult foster care facility certified to provide a specialized program per DMH Administrative Rules, 3/9/96, R 330.1801 (Include all specialized residential regardless of number of beds) or Licensed Children's Therapeutic Group Home (MH only)
222	General Residential Home - Licensed foster care facility **not certified** to provide specialize program (per the DMH Administrative Rules), regardless of number of beds.
996	Not applicable; Living Arrangements was NOT 22-Residential Care.
997	Unknown for this Crisis Event

Guidelines:

- Enter the 3-character value that identifies the type of residential home in which the individual resides.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If Residential Care (22) IS selected for Living Arrangements (A052; DU035), 221 or 222 must be selected for Detailed Residential Care Living Arrangement (A053; DU036).
- If individual is reported as in <u>not</u> living in a residential care arrangement (A052; DU035), 996 must be reported for Detailed Residential Care Living Arrangement (A053; DU036).
- If SU record (A, S, D), 996 must be reported.
- If 97-Unknown for this Crisis Event is reported for Living Arrangements (A052), 997 must be reported for Detailed Residential Care Living Arrangement (A054).
- If 997 is selected for an SU (A, S, D) or MH (M, U, E) record, the record will be rejected.

Number of Arrests in Past 30 Days - A054; DU037 – Federal Field

**Reminder: For T2 records (S, U, D, E) use the past 30 days or the time since admission, whichever is shorter.

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

Value	Description
nn	Number of separate arrests in the past 30 days

Guidelines:

- On Service Start Records (A or M), enter the number of separate arrests (not charges) the individual had in the past 30 days.
- On Service Update/End records (S, U, D, E), enter the number of separate arrests (not charges) the individual had in the **shorter of** (1) the past 30 days or (2) since Service Start/most recent Update. Never go back further than the Service Start Date when calculating this field for the Service Update/End (DU037). Example: An individual is arrested twice in the 30 days prior to a residential SU service. Individual was in residential for 14 days during which they had no arrests. 2 would be entered for field A054 on Service Start Record and 0 would be entered for field DU037 on the Service End record. If the individual then goes to another service category, the full 30 days is looked at again. In this example, if the individual goes to outpatient on day 16 and no arrests occurred on day 15, 2 would again be reported.
- 97 should be reported for Crisis Events (Q) when the number of arrests is unknown.
- 98 should be reported if the number of arrests was not collected due to Full MH BHTEDS exception.
- Number of arrests reported must be less than 99.

Validation Edits:

- For A records, must be less than 25 for Service Start Dates after 09/30/2022.
- For M records, must be less than 25 or equal to 98 for Service Start, Update, or End Dates after 09/30/2022.
- For Q records, must be less than 25 or equal to 97 for Service Start dates after 09/30/2022.
- For S and D records, must be less than 25 for Service Update/End Dates after 09/30/2022.
- For U and E records, must be less than 25 or equal to 98 for Service Update/End Dates after 09/30/2022.
- For Service Start, Update, and End Dates less than 10/01/2022, must be less than 99.
- If this field is blank or contains an invalid value, the record will be rejected.

Corrections Related Status – A055; DU038 – State Field

Description: Specifies the individual's highest priority corrections related status.

Value	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) OR Preliminary Hearing (Youth)
08	Pre-sentencing (Adult) OR Pre-disposition (Youth)
09	Post booking-diversion
10	Booking diversion
11	Not under the jurisdiction of corrections or law enforcement program
97	Unknown for this Crisis Event (Q)
98	Not collected – MH BHTEDS full record exception.

Guidelines:

- The list of reportable corrections-related statuses has been prioritized for MDHHS reporting (from highest=01 to lowest=98). Enter the 2-character value that identifies the highest priority type of Corrections Related Status that pertains to the individual.
- Individuals found Incompetent to Stand Trial (IST) OR Not Guilty by Reason of Insanity (NGRI) have a Corrections Related Status of 11 – Not under the jurisdiction of corrections or law enforcement program.
- 97 is not a valid response for Start (A, M) records with a Service Start Date greater than 09/30/2017; however, it may be used when submitting 'old' pre-10/01/2017 records.
- 97 is not a valid response for Update/End (S, U, D, E) records with a Service Update/End Date greater than 09/30/2017.
- 97 is only available for Crisis Event (Q) records with Service Start greater than 09/30/2017.
- 98 is only available for MH (M, U, E) records and used to report if the answer was not collected.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If 97 is reported on a Service Start (A, M) Record, the Service Start Date must be less than 10/01/2017.
- If 97 is reported on a Service Update/End (S, U, D, E) Record, the Service Update/End Date must be less than 10/01/2017.
- If this is an SU record (A, S, D) or Crisis Event (Q) record and 98 is reported, the record will be rejected.
- If 98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected.   If 98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

- If 98 is reported for a MH Update/End record (U/E) and the Service Update/End Date is greater than 09/30/2017 and less than 09/30/2019, the BHTEDS Full Record exception field must have a value between 03 and 09, identifying why the information was not collected. If 98 is collected for a MH Update/End record (U/E) and the Service Update/End Date is greater than 09/30/2019, the BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

Attendance at Substance Use or Co-dependent Self-help Groups in Past 30 Days – A056; DU039 – Federal Field
*_**Reminder: For T2 records (S, U, D, E) use the past 30 days or the time since admission, whichever is shorter.**_

Description: Indicates the frequency of attendance at a self-help group in the 30 days or since Service Start/Most recent Update, whichever is sooner.

Value	Description	Detail
01	No Attendance	
02	Less than once a week	1 – 3 times in the past 30 days
03	About once a week	4 – 7 times in the past 30 days
04	2 to 3 times per week	8 – 15 times in the past 30 days
05	At least 4 times per week	16 – 30 or more times in the past 30 days
97	Unknown for this crisis event.	For Crisis Event records(Q) only
98	Not collected	For MH records (M, E, U) without integrated treatment only

Guidelines:

- For Service Start Records, the reference period is the 30 days prior to the Service Start Date.
- For Service Update/End records, the reference period is **the shorter of** the 30 days prior to Service Update/End Date **OR** since the Service Start or most recent Update date. Never go back further than the Service Start Date when calculating this field for the Service Update/End (DU039).
- For MH records without integrated substance use and mental treatment, 98-Not Collected should be reported.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If SU record (A, S, D), response only 01-05 are valid; 97 or 98 may not be reported.
- If MH record (M, U, E), 97 may not be reported.
- If MH record (M, U, E) and Integrated Substance Use and Mental Health Treatment (A051; DU034) is 1-Yes, then 01-05 must be reported, 98 may not be reported.
- If MH record (M, U, E) and Integrated Substance Use and Mental Health Treatment (A051; DU034) is 2-No, then 98 must be reported.
- If MH record (M, U, E) and Integrated Substance Use and Mental Health Treatment (A051; DU034) is 3-Co-occurring but not integrated, then 01-05 or 98 may be reported.

LOCUS Composite Score - A063; DU044 – State Field

Description: Specifies the most recent 2-digit LOCUS Composite Score MI-adult.

Value	Description
nn	Most recent 2-digit Locus Composite Score for MI-Adults
96	Not applicable – There was **no LOCUS** Assessment in the past three (3) years **and** the individual is an Adult who will/did not receive MI Services; Or, an individual under age 21 with SED, an individual under age 21 who received a CAFAS or PECFAS; Or, an individual receiving SU services whose Level of Care (LOC)was determined following the ASAM criteria; Or, an individual with I/DD Designation whose LOC was/will be determined by the SIS; Or, an individual with I/DD Designation who does not meet eligibility criteria for a SIS; Or, an adult whose inpatient stay, partial hospitalization, or crisis residential LOC was determined by the MCG).
97	Unknown for this Crisis Event
98	Not collected – MH BHTEDS full record exception

Guidelines:

- Enter the **most recent** LOCUS composite score of the Adult who will/has received MI services. Note that per the PIHP contract, PIHPs are to "ensure that each individual 18 years and older with a severe mental illness has a LOCUS completed as part of any assessment or reassessment process if they are not receiving Early Periodic Screening Diagnosis and Treatment Services (EPSDT)."
- If the Level of Care was determined by the SIS, ASAM, or MCG criteria and there was **no LOCUS performed within the three (3) years** prior to this admission, a 96-N/A may be reported.
- If there is not a new/updated LOCUS score for the service start, update, or end date being reported, the most recent prior score and assessment date should be reported, even if it is before the episode's Service Start Date.
- The LOCUS Score ties directly to the LOCUS Assessment Date, not the Service Start/Update/End Date. Therefore, if the LOCUS assessment is performed after an M record is submitted but before an update is due, submit a Change (C) record changing the LOCUS Score and Assessment Date to reflect this new information.
- Enter 96 when there is **no LOCUS score dated within the last three (3) years** in the individual's EMR **AND** one of the following is true:
  - The individual is under age 21 with SED.
  - The individual is under age 21 and CAFAS or PECFAS was used instead of LOCUS.
  - This is an SU admission, and the LOC was determined following ASAM Criteria.
  - The individual is 16 or older whose primary diagnosis for service delivery is IDD and their LOC was/will be determined by the SIS. NOTE: Unless a significant life change has occurred, a SIS is required every three (3) years.
  - The individual is 16 or older whose primary diagnosis for service delivery is IDD and **DOES NOT** meet eligibility criteria for a SIS.
  - This is an adult (age greater than=18) who's inpatient hospitalization, partial hospitalization, crisis residential stay was determined by the MCG
- Enter 98 if there is NO updated OR previously reported LOCUS score dated within the last three (3) years, even from a prior episode of care and the current episode is:
  - an OBRA Assessment-only episode (99304-99310)

- o a Crisis only event (H2011, T1023, S9484, 90839, 90840)
- o a Brief Screening only event (H0002)
- o a Transportation-only Episode (A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, <mark>A0427</mark>, S0209, S0215, T2001-T2005)

- 98 is also allowed when there is NO updated OR previously reported LOCUS score dated within the last three (3) years, even from a prior episode of care, and the current situation meets one of the allowable full BHTEDS Full Record exceptions (i.e., co-located service).
- If the determination of Level of Care for an individual with an Intellectual/Developmental Disability changes from LOCUS to SIS, 96 should be reported on all BHTEDS records following that change in level of care determination process.
- 97 is not a valid response for Service Start (A, M) records with a Service Start Date greater than 09/30/2017; however, it may be used when submitting 'old' pre-10/01/2017 records
- 97 is not a valid response for Service Update/End (S, U, D, E) records with a Service Update/End Date greater than 09/30/2017; however, it may be used when submitting 'old' re-10/01/2017 records.
- After 09/30/2017, 97 is only available for Crisis Event (Q) records.
- 98 is only available for MH (M, U, E) records and used to report if the LOCUS was not completed/reported at any point in time.

<u>Validation Edits:</u>

- If this field is blank or contains an invalid value, the record will be rejected.
- If LOCUS score is greater than 35 AND less than 96, the record will be rejected.
- If the individual is younger than 18 years old and the composite score is not 96, the record will be rejected.
- If this is a Service Start Record (A, M) and Service Start Date greater than 09/30/2016 and 95 is reported, the record will be rejected.
- If 97 is reported for a Start (A. M) record, the Service Start Date must be less than 10/01/2017.
- If 97 is reported for an Update/End (U, E, D) record, the Service Update/End Date must be less than 10/01/2017.
- If this is an SU record (A, S, D) and 98 is reported, the record will be rejected.
- If 98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2017 and less than 10/01/2019, the MH BHTEDS Full Record Exception field must have a value between 03 and 09, identifying why the information was not collected.   If 98 is reported for a MH Service Start record (M) and the Service Start Date is greater than 09/30/2019, the MH BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.
- If 98 is reported for a MH Update/End record (U, E) and the Service Update/End Date is greater than 09/30/2017 and less than 09/30/2019, the BHTEDS Full Record exception field must have a value between 03 and 09, identifying why the information was not collected. If 98 is collected for a MH Update/End record (U/E) and the Service Update/End Date is greater than 09/30/2019, the BHTEDS Full Record exception field must have a value between 04 and 09, identifying why the information was not collected.

LOCUS Assessment Date - A064; DU045 – State Field

Description: Specifies the date that the most recent LOCUS Assessment was completed and reported for an MI-adult.

Value	Description
MMDDYYYY	Date of assessment for which LOCUS score is reported.
09302099	Adult will/did not receive MI Services, an individual under age 21 with SED, an individual under age 21 who received a CAFAS or PECFAS, an individual receiving SU services whose Level of Care was determined following the ASAM criteria, an individual with I/DD whose Level of Care was/will be determined by the SIS, an individual with I/DD whose does not meet the eligibility criteria for a SIS, , an adult whose inpatient stay, partial hospitalization, or crisis residential LOC was determined by the MCG), OBRA Assessment Only episode, Brief Screening Only event, Crisis-only event, or individual for whom LOCUS was not completed/reported due to a MH BHTEDS full record exception.

Guidelines:

- Enter the date the most recent LOCUS was performed, and composite score reported in A063 OR DU045 for the Adult MI individual being served.
- Enter 09302099 if the individual did not receive a LOCUS in the last three (3) years and any of the following conditions are true:
  - The individual is not an adult who will receive/has received MI services.
  - The individual has a Substance Use Problem (A, S, or D record) and the LOC was determined following ASAM Criteria.
  - The individual is not an adult.
  - The individual is under age 21 with an SED.
  - The individual's level of care was/will be determined by the SIS.
  - The individual is 16 or older whose primary diagnosis for service delivery is IDD and **DOES NOT** meet eligibility criteria for a SIS.
  - The individual is an adult (age greater than=18) who has not had a LOCUS in the past three (3) years and their inpatient hospitalization, partial hospitalization, crisis residential stay was determined by the MCG.
  - The data is unknown for a Crisis Event (Q).
  - The data was not collected due to MH BHTEDS full record exception.
  - There is NO updated OR previously reported LOCUS for an episode that is:
    - OBRA Assessment-only Episode (99304-99310)
    - Transportation-only Episode (A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, A0427, S0209, S0215, T2001-T2005)
    - Crisis only event (H2011, T1023, S9484, 90839, 90840)
    - Brief Screening only event (H0002)

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.
- If the individual is younger than 18 and the LOCUS Assessment date is not 09302099, the record will be rejected.
- If LOCUS Composite Score is 96 or 98 and the LOCUS Assessment Date is not 09302099, the record will be rejected.

- If LOCUS Composite Score on a Service Start Record (A, M) is 97 with a Service Start Date before 10/01/2017 and the LOCUS Assessment Date is not 09/30/2099, the record will be rejected.
- If LOCUS Composite Score on a Service Update/End record (U, E, D) is 97 with a Service Update/End Date before 10/01/2017 and the LOCUS Assessment Date is not 09/30/2099, the record will be rejected.

Diagnostic Code Set Identifier – A057; DU040 – Federal Field

Description: Specifies the Diagnostic Code set used in reporting the Substance Use Diagnosis on the Service Start Record or the Mental Health Diagnostic Code One on the Service Update/End record.

Value	Description
3	ICD-10

Guidelines:

- ICD-10 is the Diagnostic Code Set to be used in BHTEDS.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If 3 is not reported, the record will be rejected.

Substance Use Diagnosis – A058 – Federal Field

Description: Specifies the individual's diagnosis used to identify the substance use problem that provides the reason for an encounter or treatment.

Value	Description
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	No substance use diagnosis exists OR it has not been determined if an SU diagnosis exists based on the assessment performed.

Guidelines:

- See Appendix C – State of Michigan MDHHS Specialty and Supports Waiver Alcohol and Drug Abuse Diagnosis Codes for the current list of Substance Use Diagnostic Codes identified in the Behavioral Health Capitation Rate Certification provided by Milliman.
- ICD 10 Codes must be reported.
- The diagnosis must be provided by a licensed clinician, who may or not be directly employed by the PIHP or provider, operating within their scope of practice (i.e., psychiatrist, LMSW, Physician Assistant, etc.).
- While three-character codes with no decimal or following digits will be accepted, more complete diagnoses have at least one digit to the right of the decimal. PIHPs should strive to obtain complete coding with sufficient digits to accurately code the diagnosis.
- If an individual has a primary substance use problem identified in field A038, a substance use diagnosis should be reported.
- If individual has integrated (1) or co-occurring (3) is reported for Integrated SU and MH Treatment (A051, DU048) an SUD other than 999.9997 diagnosis is required.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.

Mental Health Diagnostic Code (One, Two, Three) – A059, A060 & A061; DU041, DU042, & DU043 – Federal Field

Description: Specifies the individual's diagnosis used to identify the mental health problem that provides the reason for an episode of care.

Value	Description
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	No primary MH diagnosis has been determined.

Guidelines:

- See Appendix A – State of Michigan MDHHS Specialty and Supports Waiver Developmentally Disabled Diagnosis Codes for the current list of I/DD Diagnostic Codes identified in the Behavioral Health Capitation Rate Certification provided by Milliman.
- See Appendix B – State of Michigan MDHHS Specialty and Supports Waiver Serious Mental Illness Diagnosis Codes for the current list of SMI Diagnostic Codes identified in the Behavioral Health Capitation Rate Certification provided by Milliman.
- ICD 10 Codes must be reported.
- While three-character codes with no decimal or following digits will be accepted, more complete diagnoses have at least one digit to the right of the decimal. PIHPs should strive to obtain complete coding with sufficient digits to accurately code the diagnosis.
- Diagnoses should be sequenced from most (Primary) to least (Tertiary) problematic for the individual.
- If the individual has an MI designation of 'Yes', an MI diagnosis is expected in one of the three MH Diagnosis fields.
- If the individual has an IDD designation of 'Yes', an IDD diagnosis is expected in one of the three MH diagnosis fields.
- If individual has integrated (1) or co-occurring (3) is reported for Integrated SU and MH Treatment (A051, DU048) a MH Diagnosis One other than 999.9997 diagnosis is required.
- If the individual has only one reported mental health diagnosis, use code 999.9997 for Mental Health Diagnoses Two and Three.
- If the individual has more than three mental health diagnoses, use the three addressed in the treatment plan.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If Mental Health Diagnosis Two or Three is not 999.9997, Mental Health Diagnosis One must not be 999.9997.
- If Mental Health Diagnosis Three is not 999.9997, Mental Health Diagnosis Two must not be 999.9997.
- Other than 999.9997, if Mental Health Diagnosis One equals Mental Health Diagnosis Two or Mental Health Diagnosis Three, the record will be rejected.
- Other than 999.9997, if Mental Health Diagnosis Two is the same as Mental Health Diagnosis Three, the record will be rejected.

Legal Status at Admission to State Hospital – A062 – Federal Field

Description: Identifies the individual's legal status at the time of admission to a state psychiatric hospital.

Value	Description
01	Voluntary – Self
02	Voluntary – Others
03	Involuntary – Civil
04	Involuntary – Criminal
05	Involuntary – Juvenile Justice
06	Involuntary – Civil – Sexual
96	Not7 applicable

Guidelines:

- This information is used to report the State Hospital 30-day and 180-day Readmission Rates NOM by individual's legal status.
- State Psychiatric Hospital stays require a separate BHTEDS episode. 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 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.
- Michigan State Psychiatric Hospitals are Caro Center, Center for Forensic Psychiatry, Hawthorn Center, Kalamazoo Psychiatric Hospital, and Walter P Reuther Psychiatric Hospital.
- 01-Voluntary-Self, 02-Voluntary-others, and 03-Involuntary-Civil are classified as non-forensic while codes 04-Involunary-Criminal, 05-Involuntary juvenile Justice, and 06-Involuntary-Civil-Sexual are classified as forensic.
- For individuals committed for dangerousness due to mental illness, report 03-Involuntary-Civil.
- For Juvenile clients who are adjudicated as adults, use code 04-Involuntary-Criminal
- For clients civilly committed under laws that are referred to as 'sexual predator' laws should be reported as 06-Involuntary-Civil-Sexual.
- 96-Not Applicable should be reported when the individual's Type of Treatment Service Setting is NOT 7s-State Psychiatric Hospital.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If Treatment Service Setting (A016) = 72-State Psychiatric Hospital, 01-06 must be reported for Legal Status AT Admission to State Hospital (A062).
- If Treatment Service setting (A016) ≠ 72, 96-Not Applicable must be reported for Legal Status AT Admission to State Hospital (A062).

MH BHTEDS Full Record Exception – A071 – State Field

Description: Indicates why data was not collected for specified field(s).

Value	Description
02	No
04	Yes, Co-located Service
05	Yes, School Prevention Services Only
06	Yes, Family Subsidy Services Only
07	Yes, Early-On Services Only
08	Yes, Assessment Only
09	Yes, Other
95	Not applicable for FY17 record submitted in FY18 or later format.

Guidelines:

- Identify the reason why data was not reported for one or more MH record fields with this option.
- If an SU (A, S, D) or Crisis Event (Q) record, report 02.
- Example of a Co-located (04) service is when a MH Professional performs CMH-covered services at a physician's office and the physician's EMR is the primary record holder.
- School Prevention Services Only (05) generally are performed in a school-setting where detailed individual EMRs are not maintained.
- The Family Subsidy Services Only exception could be used when the only service(s) provided are those covered with the $222.11 monthly payment that the family must spend on special needs that occur as a result of caring for a child with a severe disability at home.
- The Early-On Service Only exception could be used when the services provided are early intervention services for infants and toddlers, birth to three years of age, with developmental delays and/or disabilities, and their families.
- If 09-Yes, Other is reported, track the 'other' reason(s) as PIHPs will report a summary of 'other' exceptions quarterly to MDHHS.
- Report 95 if this is a MH FY17 record being submitted in the FY18 or later format.

Validation Edits:
- If this field is blank or contains an invalid value, the record will be rejected.
- If 03-Yes, Crisis Only Service is reported on MH Start (M) record, Service Start Date must be less than 10/01/2019.
- If 03-Yes, Crisis Only Service is reported on MH Update/End (U, E) record, Service Update/End Date must be less than 10/01/2019.
- If 95 is reported, Service Start Date must be less than 10/01/2017.
- If this is an SU (A) or Crisis Event (Q) record and anything other than 02 is reported, the record will be rejected.

PIHP Record ID – A098; DU098 – PIHP Field

Description: Optional PHIP-generated record ID which will be returned with the error record should an error exist during processing.

Guidelines:

- Optional
- 10 alpha-numeric characters

Validation Edits: None

Service Update/End Date – DU015 – Federal Field

Description: The second point of time (T2) date. The date of the update (MH) or date services end (MH and SU) to provide a T2

Value	Description
MMDDYYYY	Concatenation of 2-digit-month, 2-digit-day, and 4-digit-year identifying the date of update, or the date services ended.

Guidelines:

- An Update (S, U) record is required at least annually, at the time of the individual's annual review/IPOS update. For a U record, the Service Update/End Date is the date the date that the data was recollected at the time of the annual review.
- For MH and SU, a Service End (D, E) record is submitted when the individual is no longer receiving services. For an E or D record, when the Reason for Service End is 06-Death, the Service Update/End Date is the date of death. In all other instances, the Service Update/End date is the date of the last face-to-face service.
- If the reason for discharge is death, the date of death is the Service End Date, and the data should reflect the individual at that time. Data based on the individual's last face-to-face service should be used when the information is not available for date of death.
- If a MH individual does not formerly discharge (i.e., stops showing for up for services): 1) submit an E record when no MH services have taken place for approximately 90 days. This is a guideline. Use clinical judgment when making final determination.
- If an SU individual does not formerly discharge (i.e., stops showing for up for services): 1) submit a D record when no detox or residential SU services for approximately 3 days; 2) submit a D record when no O/P SU services for approximately 45 days. This is a guideline. Use clinical judgment when making final determination.
- Use valid calendar dates.
- The Service End Date may be the same as the Service Start Date but cannot be sooner.
- Only one Update or End record is allowed per date.

Validation Edits:

- If this field is blank, the record will be rejected.
- If the field is not a valid calendar date (i.e., 02302015), the record will be rejected.
- If the date reported is greater than the system date, the record will be rejected.
- If the date reported is less than the Service Start Date, the record will be rejected.
- If the date reported is the same as an Update/End record already in place, the record will be rejected.
- If BHTEDS Full Record Exception – 95, then Service Update/End Date must be prior to 10/01/2017.

Service Update/End Time of Day – A012; DU012 – State Field

Description: The time data was recollected (MH U record) or services end (MH-E record or SU-D record).

Value	Description
HHMM	Military time

Guidelines:

- This field is utilized in MDHHS's receiving data system to put events (Starts/Updates/Ends) in proper chronological order when they occur on the same <u>date/month/year</u>. If it is not practical to enter an actual Update/End time, be sure to assign times that are later than the Service Start Time or Service Update Time of Day of the record it is to follow.
- HH must be an integer between 00 and 23.
- MM must be an integer between 00 and 59.

Validation Edits:

- If this field is blank the record will be rejected.
- If the field is not a valid military time (i.e., 2415), the record will be rejected.
- If Service Start Date and Service Update/End Date are the same and the Service Update/End Time of Day ≤ the Service Start Time of Day, the record will be rejected.

Reason for Service Update/End - DU017 - Federal Field

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

Value	Description	Detail
01	Treatment Completed	Substantially all parts of the treatment plan or program were completed, and the individual is not transferring on to another LOC or treatment provider.
02	Dropped Out of Treatment	Individual chose not to complete treatment program. Includes individuals who drop out of treatment for unknown reasons, individuals with whom contact has been lost, individuals who fail to return from leave (i.e., AWOL), and individuals who have not attended for some time as identified by state guidelines.
03	Terminated by Facility	Treatment terminated by action of the treatment facility, generally because of non-compliance with treatment or violation of rules, laws, policies, or procedures.
04	Transferring to Another Program or Facility/ Completed Level of Care	Individual will transfer to another level of care, program, provider, or facility.
34	Discharged from State Hospital to Acute Medical Facility for Medical Services	Individual with an open State Psychiatric Hospital Admission is discharged from the state hospital and transferred to an acute medical facility for medical services. (MH only)
05	Incarcerated or Released by Courts	Individual's treatment is terminated because they have been subject to jail, prison, or house confinement or they have been released by or to the courts.
06	Death	The death of the individual receiving behavioral health services.
07	Other	Individual transferred or discontinued treatment because of change in life circumstances like aging out of the Children's MH System, extended illness, hospitalization, or placement, or change of residence out of the PIHP region.
96	N/A – Update Record	Utilized for Update records only

Guidelines:

- If an individual substantially completes their treatment goals, report 01-Completed Treatment.
- 96 is utilized for MH Update Records only as the individual has not transferred or terminated services.
- When the Reason for Service End is 06-Death, the Service Update/End Date is the date of death. In all other instances, the Service Update/End date is the date of the last face-to-face service.

Validation Edits:

- If this field is blank or contains an invalid value, the record will be rejected.
- For assessment only records, 01-Treatment Completed should be reported as the identified needed service (Assessment) was completed unless one of the other responses better describe why continued treatment was not pursued.

Other Important Clarifications/Considerations/Reminders

- BHTEDS is a capture-recapture (T1 – T2) model, where we are looking for the direction and magnitude of change. T1 is the baseline.
- With the exception of individuals receiving direct SAMHSA CCBHC services at non-CCBHC Demonstration sites, every CCBHC recipient is required to have an active BHTEDS episode during the time they are receiving any CCBHC services. Submission of BHTEDS records for individuals solely receiving services through the direct SAMHSA CCBHC grant at non-CCBHC Demonstration sites are encouraged but not required.
- When SU funds pay for SU services at a CCBHC, A-S-D records are used. When MH funds pay for SU services at a CCBHC, M-U-E records are used.
- BHTEDS is episode, not event based. The episode is defined by Provider ID. In SU, the Provider ID and episode for BHTEDS requirement is by SU Provider ID level, except for services provided at a satellite office of the primary treatment provider when there is one treatment plan and one client record at the primary treatment provider site. In MH, the Provider ID and episode is defined at the CMH level. For MH, a new BHTEDS record is NOT expected as an individual moves around providers within the same CMH.
- Since many of the BHTEDS fields are often not able to be collected during a Crisis, the Q record is used to report the information that is collected for a Crisis Event. The Q record is a Mental Health only concept. It is a T1-only model where we look at the fields at the time of the event only. A Q record is required when an individual without an open BHTEDS episode receives a crisis only service (H2011, 90839, 90840, S9484, T1023). If an individual receives a crisis service and has an open BHTEDS MH episode, a Q may be submitted; however, it is not required or expected.
- If it is a business' practice to complete a full BHTEDS for T1023, there are no edits preventing that from happening. The system will look for an M or a Q for T1023s when calculating completion rates.
- Only MH and SU records can be 'updated'. ~~SU and~~ Q records do not have an update option.
- The first mental health BHTEDS record submitted for an individual must always be a Service Start Record (M). The first non-health-home-only (S0280 ~~S0281~~) event once an individual is formally accepted into substance use treatment at a licensed SU provider must always be a Service Start Record (A). You cannot update a record that is not already in BHTEDS.
- If the value(s) of one/more fields have changed over time since Service Start Date, then an Update could be submitted; however, it is not required or expected. A MH Update (U) record or SU Update (S) record is only required annually. 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 of the original record and submit an Add of the 'corrected' record. If the correction is to a non-key field, Change is preferred. If the correction is to a key field, the Delete and Add are required. If the record has not been sent to MDHHS, the clinician can correct the fields in the PIHP system, and it would be included in the Initial Service Start Record submitted to MDHHS. In this scenario, a C is a T1 record: when you send a U, it's a T2 record. All U and S records are second point-in-time records.
- You can delete a Start Record (A, M) record and add a new one without going through all the layers of those at a different Provider ID. If there are records accepted into BHTEDS after the Service Start/Update/End date of a deleted record, all records after the deleted A or M must be deleted and re-added.
- You can Change an existing record without going through all the layers if you are not changing a key field. Submit a Change record with the corrected information in the field(s) that contains the error and the original responses in all of the other fields so that the record can pass the edits when read into the BHTEDS system. When correcting a non-key Service Start record, a Change to the M record is only required. When correcting a non-key Service Update/End record, a Change to **all** U/E records accepted into the data system that need correction.

- If you are changing a key field, it will be necessary to Delete and Add the affected S, U, D or E records as their key fields need to sync to the proper Service Start (admission) Record.
- The best answer among the choices is useful enough and good enough. Useful and informative is the goal. Answers are self-report; however, the PIHP should ascertain and report actual, true data when it is known to differ from what the individual reported.
- SU (A) and MH (M) records may be concurrent or sequential.
    - For example, an SU individual is referred to MH for services. The A record remains unchanged and has its own D when individual is discharged from SU 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 and/or paid by a single funding source (MH or SU) will only have one record: an A (if SU-funded) or an M (if MH funded) with all fields required.
    - Individuals receiving integrated substance use and mental health treatment at multiple physical locations may have one or two records. It typically depends on funding source and PIHP practice. The key is that the treatment is coordinated amongst the different providers.
    - Although there is one and only Payer ID in BHTEDS, encounters will continue to have two payer ids utilized (one for MH, another for SU).
- Only one (1) Q record may be submitted on any given date. If more than one crisis event occurs on a given day, it is allowable and preferable to combine the information from the different Q records on that day to submit the most complete Q record possible.
- Q records may be submitted at any time in any order. There is no edit in place identifying its place in the series of other BHTEDS MH records.
- For SU Treatment, a person can be concurrently admitted to more than one licensed provider with the following exceptions:
    1) Both providers may not be residential providers (any combinations of short term and long term)
    2) Both providers may not be detox providers. But, if a person is in a residential setting and he/she needs sub-acute detox during the stay, both admissions can remain open as long as there is not double reporting of encounters on the same calendar night. This avoids having to discharge (D) and re-admit (A) at the residential provider.
- For SU Treatment, a person may not be admitted concurrently to more than one service category at the same licensed site. They may, and it is preferred they, however, be discharged from a different service category than what they were admitted to at that site. This allows the hand-off from one service category to another (at the same site). All admissions can be treated sequentially with a discharge (D) and re-admission (A) after each service category and license number change (The required TEDS approach before 2006).
- For SU Treatment, if two distinct providers are involved at the same time, concurrent admissions are required. If two services are performed at the same site concurrently, only one is allowed.
- For 1 and done episodes (i.e., Assessment only, intake only, drop-out after 1 session) for all non "in the last 30 days" fields, it is generally appropriate to answer the Service End records (D and E) with the same data values as its relative Service Start Record (A or M). For any "in the last 30 days" fields, the answer on the Service End record (D or E) will be zero, unless, of course, the event (i.e., used a substance, got arrested) happened during your one session with that individual.
- State Hospital stays must have their own separate, distinct episodes. The State Hospital episode may be sequential to or concurrent with another Mental Health Episode. It can never be concurrent with a Substance Use Episode.

- Distinct responses for co-located service (7, 97, 997, 97.97) are no longer valid beginning 10/01/2017. Instead, these exceptions should be noted through the new MH BHTEDS Full Record Exception option. If you are submitting an old (pre-10/01/2017 Service Start or Service End Date) record, the old co-located fields may be reported.
- The MH BHTEDS Full Record Exception response to any field is only available for MH records (M, U, E). Substance Use records (A, S, D) may NOT use this option.

Appendix A

Rx HCC Group	Diagnosis Code	Description of Diagnosis	Adult	Children
State of Michigan **Department of Health and Human Services** **Specialty Services and Supports Waiver** **Developmentally Disabled Diagnosis Codes**				
Mild	F70	Mild intellectual disabilities	Y	Y
Moderate	F71	Moderate intellectual disabilities	Y	Y
Severe	F72	Severe intellectual disabilities	Y	Y
Severe	F73	Profound intellectual disabilities	Y	Y
Mild	F78	Other intellectual disabilities	Y	Y
Mild	F79	Unspecified intellectual disabilities	Y	Y
Other	G31.84	Mild cognitive impairment, so stated	Y	Y
Other	E75.23	Krabbe disease	Y	Y
Other	E75.25	Metachromatic leukodystophy	Y	Y
Other	E75.29	Other sphingolipidosis	Y	Y
Other	F80	Specific developmental disorders of speech and language	Y	Y
Other	F81	Specific developmental disorders of scholastic skills	Y	Y
Other	F82	Specific developmental disorder of motor function	Y	Y
Other	F84	Pervasive developmental disorders	Y	Y
Other	F88	Other disorders of psychological development	Y	Y
Other	F89	Unspecified disorder of psychological development	Y	Y
Other	G40.9	Epilepsy, unspecified	Y	Y
Other	G80.0	Spastic quadriplegic cerebral palsy	Y	Y
Other	G80.9	Cerebral palsy, unspecified	Y	Y
Other	Q871	Congenital malformation syndromes predominantly associated with short stature	Y	Y
Other	Q90	Down syndrome	Y	Y
Mild	Q91	Trisomy 18 and Trisomy 13	Y	Y
Mild	Q92	Other trisomies and partial trisomies of the autosomes, not elsewhere classified	Y	Y
Mild	Q93	Monosomies and deletions from the autosomes, not elsewhere classified	Y	Y
Mild	Q95.2	Balanced autosomal rearrangement in abnormal individual	Y	Y
Mild	Q95.3	Balanced sex/autosomal rearrangement in abnormal individual	Y	Y
Mild	Q99.2	Fragile X chromosome	Y	Y

Appendix B

	State of Michigan Department of Health and Human Services Specialty Services and Supports Waiver Serious Mental Illness Diagnosis Codes		
Diagnosis Code	*Description of Diagnosis*	*Adult*	*Children*
F01	Vascular dementia	Y	Y
F02	Dementia in other diseases classified elsewhere	Y	Y
F03	Unspecified dementia	Y	Y
F04	Amnestic disorder due to known physiological condition	Y	Y
F05	Delirium due to known physiological condition	Y	Y
F06	Other mental disorders due to known physiological condition	Y	Y
F07	Personality and behavioral disorders due to known physiological condition	Y	Y
F09	Unspecified mental disorder due to known physiological condition	Y	Y
F20	Schizophrenia	Y	Y
F21	Schizotypal disorder	Y	Y
F22	Delusional disorders	Y	Y
F23	Brief psychotic disorder	Y	Y
F24	Shared psychotic disorder	Y	Y
F25	Schizoaffective disorders	Y	Y
F28	Other psychotic disorder not due to a substance or known physiological condition	Y	Y
F29	Unspecified psychosis not due to a substance or known physiological condition	Y	Y
F30	Manic episode	Y	Y
F31	Bipolar disorder	Y	Y
F32	Major depressive disorder, single episode	Y	Y
F33	Major depressive disorder, recurrent	Y	Y
F34	Persistent mood [affective] disorders	Y	Y
F39	Unspecified mood [affective] disorder	Y	Y
F40	Phobic anxiety disorders	Y	Y
F41	Other anxiety disorders	Y	Y
F42	Obsessive-compulsive disorder	Y	Y
F44	Dissociative and conversion disorders	Y	Y
F45	Somatoform disorders	Y	Y
F48	Other nonpsychotic mental disorders	Y	Y
F50	Eating disorders	Y	Y
F51	Sleep disorders not due to a substance or known physiological condition	Y	Y
F52	Sexual dysfunction not due to a substance or known physiological condition	Y	Y
F53	Puerperal psychosis	Y	Y
F54	Psychological and behavioral factors associated with disorders or diseases classified elsewhere	Y	Y

F55	Abuse of non-psychoactive substances	Y	Y
F59	Unspecified behavioral syndromes associated with physiological disturbances and physical factors	Y	Y
F60	Specific personality disorders	Y	Y
F63	Impulse disorders	Y	Y
F64	Gender identity disorders	Y	Y
F65	Paraphilias	Y	Y
F66	Other sexual disorders	Y	Y
F68	Other disorders of adult personality and behavior	Y	Y
F69	Unspecified disorder of adult personality and behavior	Y	Y
F93	Emotional disorders with onset specific to childhood	Y	Y
F94	Disorders of social functioning with onset specific to childhood and adolescence	Y	Y
F95	Tic disorder	Y	Y
F98	Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence	Y	Y
F99	Mental disorder, not otherwise specified	Y	Y
F43	Reaction to severe stress, and adjustment disorders	N	Y
F90	Attention-deficit hyperactivity disorders	N	Y
F91	Conduct disorders	N	Y

Appendix C

Department of Health and Human Services / Specialty Services and Supports Waiver / Alcohol and Drug Abuse Diagnosis Codes

Diagnosis Code	Description of Diagnosis	Adults	Children
F10	Alcohol related disorders	Y	Y
F11	Opioid related disorders	Y	Y
F12	Cannabis related disorders	Y	Y
F13	Sedative, hypnotic, or anxiolytic related disorders	Y	Y
F14	Cocaine related disorders	Y	Y
F15	Other stimulant related disorders	Y	Y
F16	Hallucinogen related disorders	Y	Y
F17	Nicotine dependence	Y	Y
F18	Inhalant related disorders	Y	Y
F19	Other psychoactive substance related disorders	Y	Y

Appendix D - BHTEDS GLOSSARY

A and M Records	**A** record submitted at the first ~~face-to-face event~~ treatment service once the individual is formally accepted into substance use treatment. **M** record submitted at the first MH non-brief screening (H0002), Non-crisis-only (H2011, S9484, T1023, 90839, 90840), Non-OBRA-Assessment-only (99304-99310), non-Health Home only (S0280 ~~S0281~~), Non-transportation-only (A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, A0427 S0209, S0215, T2001-T2005) service in an episode of care. MH ~~face-to-face~~ service such as initiation of MH assessment, authorization for on-going services, or treatment or supports encounter.
Client	Individual receiving treatment of their mental health, substance use, and/or developmental disability disorder.
Co-dependent/ collateral/Non-Using SU Individual	Substance Use Concept – A Codependent/Collateral Individual is a person with no alcohol or drug problem but is formally receiving substance use treatment to address problems arising from their relationship with an alcohol or drug user. A Non-Using SU Individual is a person with no alcohol or drug problem but is formally receiving mandated substance use assessment (by MDOC, Probation, etc.)
Co-located Service	Mental health services provided at a health facility (i.e., primary care physician's office) or Integrated Care Clinic, where the primary EMR is not owned by the MH provider. Where provided as an option, "Not collected at this co-located service" may be used when mental health services are provided at one of these non-MH primary facilities OR when answering data fields for individuals who had a psychiatric inpatient hospital stay approved by another payer and the CMHSP is the responsible second payer even though no CMHSP staff has seen the patient.
Competitive, integrated employment (CIE)	Individual working in a typical workplace setting, where the majority of persons employed are not persons with disabilities, with or without supports, earning wages consistent with wages paid workers without disabilities in the community performing the same or similar work. The **individual earns at least minimum wage** and is paid directly by the employer.
Concurrent Admission	Occurs when two distinct episodes of care are open during the same period of time. Example 1: A Mental Health (M-E) - Individual with open M record is admitted to State Psychiatric Hospital but is still open at the PIHP. Example 2: an individual receives MH services through the CMHSP (M) and SA services at a SU facility.

Crisis-only Service	A single mental health service provided to an individual experiencing a mental health crisis.
D and E Records	Record type submitted when an individual completely terminates treatment, changes to a new licensed provider (**SA**), or changes to a new CMHSP (**MH**)
	If an individual does not formerly discharge (i.e., stops showing for up for services): 1) submit an E record when no MH services have taken place for approximately 90 days; 2) submit a D record when no residential SU services for approximately 3 days; 3) submit a D record when no O/P SU services for approximately 45 days. These are guidelines. Use clinical judgment when making final determination.
Episode/Episode of Care	The period of service between the beginning of a treatment services and the termination of services prescribed in the treatment plan.
Homeless	Individual without a fixed address. Includes individuals staying at shelters, couch-surfers, etc.
In the Last 30 Days	For T1 records (A and M) use 30 calendar days. For T2 records (D, U, E) use the **shorter** of the last 30 calendar days or number of days since admission.
Integrated Admission	Occurs when an individual receives MH and SU treatment managed a single entity from an integrated team under an integrated treatment plan.
Intellectual/Developmental Disability	Individual meets the current State of Michigan Mental Health Code Definition of Intellectual or Developmental Disability regardless of whether they receive services from the I/DD or MI service arrays.
Mental Illness	Has DSM diagnosis, exclusive of intellectual or developmental disability, or substance use.
Sequential Admission	Occurs when there is one and only one admission on any given date. There are no overlapping date ranges.
Q Record	Record type submitted when an individual without an open MH episode has a crisis event and receives crisis-only services. If the individual has multiple crisis events, a Q record only needs to be submitted if it has been more than 90 days since the individual's most recent BHTEDS submission.

Serious Emotional Disturbance	Individual meets the current Mental Health Code Definition of Serious Emotional Disturbance exclusive of intellectual or developmental disability, or substance use.
Serious Mental Illness	Individual meets the current Mental Health Code Definition of Serious Mental Illness regardless of whether they receive services from the I/DD or MI service arrays.
Service End Date	When the Reason for Service End is 06-Death, the Service Update/End Date is the date of death. In all other instances, the Service Update/End date is the date of the last face-to-face service contact.
Service Start Date	**MH** - Date when a decision is made whether or not a new person is deemed eligible for ongoing services. Decision will occur in conjunction with a ~~face-to-face~~ service such as an assessment, crisis service, or inpatient screening. **SA** - Date of first ~~face-to-face~~ treatment contact once the individual has been formally accepted for SU treatment.
Time to Treatment	Number of days between first contact or request for service and the first face-to-face treatment service. If first contact is face-to-face, Time to Treatment = 0.
S and U ~~Update~~ Records	Update record type submitted, at least annually, to provide a data point (Time 2) in reporting the individual's status or in conducting outcome evaluation.

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