MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES

Behavioral Health Treatment Episode Data Set (BHTEDS)

File Specifications for PIHP Regional Entities

FY 2023

BHTEDS START File Format (A, M, Q)

NOTE: Any errors on the HDDR or TRLR record will cause the entire file to reject and be returned to the appropriate submitter via the Data Exchange Gateway (DEG) via the 5873 file.

BHTEDS Service Start Header Format

Field Name	Туре	Size	Begin	End	Comments	
EDI TYPE	Text	4	1	4	"HDDR"	
EDI APP	Text	2	5	6		
EDIUSER						
EDI USER - prefix	Text	3	7	9	"DCH"	
EDI USER - PIHP ID	Text	4	10	13	Service Burea	au ID/DEG Mailbox
EDI USER - suffix	Text	1	14	14	Blank	
EDI TRANSFER DATE	Text	8	15	22	YYYYMMDD	
EDI TRANSFER TIME	Text	4	23	26	HHMM	
EDI FILE NAME	Text	4	27	30	5873	
EDI RUN TYPE					Code	Description
	Text	1	31	31	Р	Production
					T Test	
EDI BATCH IDENTIFIER	Text	3	32	34	<u>Unique</u> batch	identifier assigned by PIHP
FILLER	Text	277	35	311		

BHTEDS Service Start Input File Format

Field ID	Field Name	Туре	Size	Begin	End		Comments					
NOTE: A	NOTE: A Service Start Record is stored using the following key values: Client Transaction Type, Payer ID, State Provider Identifier, Unique PIHP Person Identifier, and Service Start Date.											
						Code	Description					
A001	Client Transaction Record Type	Text	1	1	1	Α	Initial Service Start Record (SA)					
Audi	Client Transaction Necolu Type	TEXT	·	'	'	М	Initial Service Start Record (MH)					
						Q	Crisis Event Record					
						Code	Description					
			1			Α	Add					
A002	System Transaction Type	Text		2	2	С	Change					
						D	Delete					
						E	Error Erase					

Field ID	Field Name	Туре	Size	Begin	End		Comments
						Code	Description
						1182841	Salvation Army-Harbor Light
						2813621	NorthCare Network
						2813628	Northern MI Regional Entity
						2813626	Lakeshore Regional Entity
A003	Payor ID	Text	7	3	9	2813623	Southwest Michigan Behavioral Health
A003	Payer ID	Text	'	3	9	2813625	Mid-State Health Network
						2813627	CMH Partnership of SE MI
						2813629	Detroit Wayne Integrated Health Network
						1183015	Oakland Community Health Network
						1183006	Macomb County CMH Services
						2813624	Region 10
A004	State Provider Identifier	Text	7	10	16	CMHSP ID for	r MH records
A004	State Provider identifier	rext	/	10	10	6 digit LARA	icense ID preceded by a zero for SA records
A005	Unique PIHP Person Identifier	Text	11	17	27		
						Code	Description
A006	Social Security Number	Text	9	28	36	nnnnnnnn	Individual's actual social security number
A000	oddiai decurity Number	Text	9	20	30	99999997	Refused to provide
						99999998	N/A - Individual does not have a social security number
A007	Medicaid ID	Text	10	37	46	ID regardless	s of current eligibility; otherwise, blank
A008	MIChild ID	Text	10	47	56	If no ID, leave	blank
A009	Medicare ID	Text	11	57	67	If no ID, leave	blank
						Code	Description
						1	Yes
A010	SDA, SSI, SSDI Enrolled	Text	1	68	68	2	No
						7	Refused or unable to provide for this crisis event (Q only)
						8	Not collected-MH BHTEDS full record exception
A011	Service Start Date	Text	8	69	76	MMDDYYYY	
A012	Service Start Date Time of Day	Text	4	77	80	HHMM - milita	ary time
A013	Time to Treatment	Text	3	81	83	Number of da face treatmen	ys between first contact/request for service and the first face-to-t.
						Code	Description
						01	Individual
						02	Alcohol/drug abuse care provider
A014	Referral Source	Text	2	84	85	03	Other health care provider
A014	Treferral Source	TOXE		04	00	04	School (Educational)
						05	Employer/Employee Assistance Program (EAP)
						06	Other community referral

Field ID	Field Name	Туре	Size	Begin	End		Comments
						Code	Description
						01	Federal/State court (i.e. Circuit, District, Probate)
						02	Other court (i.e. Municipal)
						03	Probation/parole
						04	Other recognized legal entities (i.e. local law enforcement, corrections, youth services, review board/agency)
A015	Detailed Criminal Justice Referral	Text	2	86	87	05	Diversionary program
,						06	Prison
						07	DUI/DWI
						08	Other
						09	Juvenile found incompetent, unable to be restored due to SED
						10	MDOC SUD Treatment Referral
						96	Not Applicable
						Code	Description
						02	Detoxification, 24 hour service, free-standing residential
						04	Rehabilitation/residential - short term (30 days or fewer)
						05	Rehabilitation/residential - long term (more than 30 days)
	Type of Treatment Service Setting	Text			89	06	Ambulatory - intensive outpatient
			2	88		07	Ambulatory - non-intensive outpatient
A016						08	Ambulatory - detoxification
						72	State psychiatric hospital
						73	State Mental Health Agency funded/operated community- based program
						74	Residential treatment center
						75	Other psychiatric inpatient
						76	Institutions under the justice system
			<u></u>			96	MH individual receiving assessment or evaluation only.
						Code	Description
A017	Codependent/Collateral/Non-using Person Served	Text	1	90	90	1	Codependent/collateral/Non-using SUD funded individual
	i diddir ddired					2	Client
						Code	Description
A018	I/DD Designation	Text	1	91	91	1	Yes
71010	"DD Doolghadon	TOXE		0.	01	2	No
						3	Not evaluated
						Code	Description
A019	MI/SED Designation	Text	1	92	92	1	Yes
						2	No
						3	Not evaluated
						Code	Description
A020	Detailed SMI/SED Status	Text	1	93	93	1	SMI
A020	Detailed SMI/SED Status					2	SED
						7	Neither SMI nor SED
	l	<u> </u>	<u> </u>			/	Not evaluated

Field ID	Field Name	Туре	Size	Begin	End		Comments
						Code	Description
						0	0 previous episodes
						1	1 previous episode
						2	2 previous episodes
A021	Prior Treatment Episodes	Text	1	94	94	3	3 previous episodes
						4	4 previous episodes
						5	5 or more previous episodes
						7	Unknown
A022	Date of Birth	Text	8	95	102	MMDDYYYY	
						Code	Description
A023	Sex Assigned at Birth	Text	1	103	103	1	Male
						2	Female
						Code	Description
						1	Yes - female individual was pregnant on the date service started.
A024	Pregnant on Service Start Date	Text	1	104	104	2	No - female individual was not pregnant on the date service started.
						6	N/A - male adult or prepubescent child
						7	Unknown for this crisis event (Q only)
						8	Not collected - MH BHTEDS full record exception
A025	County of Residence	Text	2	105	106		ode from BH County Codes Appendix corresponding to acc of residence
						Code	Description
						01	Alaskan native (Aleut, Eskimo)
		Text	2	107		02	American Indian (non-Alaskan native)
					108	04	Black or African American
A026	Race					05	White
A020	Trace					13	Asian
						20	Other single race
						21	Two or more races
						23	Native Hawaiian or other Pacific Islander
						97	Refused to provide
						Code	Description
						01	Puerto Rican
						02	Mexican
A027	Hispanic or Latino Ethnicity	Text	2	109	110	03	Cuban
7.02.	The partie of Laurie Laurier,	. 5/11	_			04	Other specific Hispanic or Latino
						05	Not of Hispanic or Latino origin
						06	Hispanic or Latino - specific origin not specified
						97	Unknown for this crisis event (Q only)
						Code	Description
						1	Yes
A028	Currently in Mainstream Special	Text	1	111	111	2	No
	Education Status	rext		111	111	6	Not applicable
						7	Unknown for this crisis event (Q only)
						8	Not collected MH BHTEDS full record exc eption

Field ID	Field Name	Туре	Size	Begin	End		Comments
						Code	Description
						00	No schooling or less than one school grade
						72	Nursery school, pre-school, or head start
						73	Kindergarten
						74	Self-contained Special Education Class
						01	Grade 1
						02	Grade 2
						03	Grade 3
						04	Grade 4
						05	Grade 5
						06	Grade 6
						07	Grade 7
A029	Education	Text	2	112	113	08	Grade 8
						09	Grade 9
						10	Grade 10
						11	Grade 11
						12	Grade 12 or GED
						13	1 Year of College/University
						14	2 Years of College/University or Associate Degree
						15	3 Years of College/University
						16	4 Years of College/University or Bachelor's Degree
						70	Graduate or professional school
						71	Vocational school
						97	Unknown for this crisis event (Q only)
						98	Not collected - MH BHTEDS full record exception
					114	Code	Description
			1	114		1	Yes, client has attended school at any time in the past 3 months
A030	School Attendance Status	Text				2	No, client has not attended school at any time in the past 3 months
						6	Not applicable
						7	Unknown for this crisis event (Q only)
						8	Not collected MH BHTEDS full record exception
						Code	Description
						01	Never married
						02	Now married/cohabiting
A031	Marital Status	Text	2	115	116	03	Separated
AUST	Iviantai Status	Text	2	113	110	04	Divorced
						05	Widowed
						97	Unknown for this crisis event (Q only)
						98	Not collected - MH BHTEDS full record exception
						Code	Description
						1	Veteran
A032	Veteran Status	Text	1	117	117	2	Not a veteran
						7	Unknown for this crisis event (Q only)
						8	Not collected - MH BHTEDS full record exception

Field ID	Field Name	Туре	Size	Begin	End		Comments
						Code	Description
						01	Full-time competitive, integrated employment
						02	Part-time competitive, integrated employment
A033	Employment Status	Text	2	118	119	03	Unemployed
						04	Not in competitive, integrated labor force
						97	Unknown for this crisis event (Q only)
						98	N/A - individual is under 16 years of age
						Code	Description
						01	Homemaker
						02	Student
						03	Retired
						04	Individual's current disability symptoms prevents him/her from competitively or non-competitively working.
						05	Receiving services from institutional facility
						07	Participates in sheltered workshop
						60	Discouraged Worker
						61	Unpaid volunteering and community service
A034	Detailed 'Not in Competitive,	Text	2	120	121	62	Micro-enterprise/Self-employment netting < minimum wage
	Integrated Labor Force'					63	In enclaves/mobile crews/agency-owned transitional employment
						64	Participates in facility-based activity program where an array of specialty supports and services are provided to assist an individual in achieving her/his non-work-related goals.
						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 - Employment Status is coded 01, 02, or 03.
						97	Unknown for this crisis event (Q only)
						98	N/A - individual is under 16 years of age
						Code	Description
						01	Individual is currently earning minimum wage or more.
A025	Minimum Waga	Text	2	122	122	02	Individual is currently earning less than minimum wage.
A035	Minimum Wage	rext	2	122	123	03	Individual is not working.
						97	Unknown for this crisis event (Q only)
						98	Not collected - MH BHTEDS full record exception
A036	Total Annual Income	Text	6	124	129	xxxxxx	6 characters, rounded to the nearest whole dollar; no decimal points or commas. Annualized current income utilized in calculating ATP. Enter 999998 for Not collected -MH BH-TE DS full record exception OR Not collected for this crisis event.
A037	Number of Dependents	Numeric	2	130	131	nn	Number of dependents claimed in determining ATP. Enter 97 for Unknown for this crisis event. Enter 98 for Not collected - MH BHTEDS full record exception.

A038	Field ID	Field Name	Туре	Size	Begin	End		Comments
A038							Code	Description
A038							01	None
A038 Primary Substance Use Problem							02	Alcohol
A038							03	Cocaine/crack
A038							04	Marijuana/hashish
A038 Primary Substance Use Problem							05	Heroin
A038							06	Non-prescription methadone
A038 Primary Substance Use Problem							07	Other opiates/synthetics
A038							08	PCP - phencyclidine
A039 Primary Route of Administration Text 2							09	Hallucinogens
A039 Primary Route of Administration Text 2	A038	Primary Substance Use Problem	Text	2	132	133	10	Methamphetamine/speed
A039 Primary Route of Administration Primary Frequency of Use Primary Frequency of Use Primary Age at First Use Prima							11	Other amphetamines
A039 Primary Route of Administration Text 2							12	Other stimulants
A039 Primary Frequency of Use Text 2							13	Benzodiazepines
A039 Primary Route of Administration Text 2							14	Other tranquilizers
A039 Primary Route of Administration Text 2							15	Barbiturates
Hand							16	Other sedatives/hypnotics
A039 Primary Route of Administration Text 2							17	Inhalants
A039 Primary Route of Administration Text 2							18	Over-the-counter medications
A039 Primary Route of Administration Text 2 134 135 Code Description Description A040 Primary Frequency of Use 1 (a) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c							20	Other drugs
A039 Primary Route of Administration Text 2 134 135 00 Smoking 03 Inhalation BA040 Primary Frequency of Use Text 2 134 135 136 04 Injection 04 Injection BA040 Primary Frequency of Use Text 2 136 Code Description 01 No use in the past month 02 1-3 days in the past month 02 1-3 days in the past week 04 3-6 days in the past week 04 3-6 days in the past week 05 Daily 96 Not applicable 97 Unknown for this crisis event (Q only) 96 Not applicable 97 Unknown for this crisis event (Q only) 00 Newborn with substance dependency problem BA041 Primary Age at First Use Text 2 138 139 Code Description 00 Newborn with substance dependency problem BA041 Primary Age at First Use Text 2 138 139 O1-95 Age at first use, in years 96 Not applicable							97	Unknown for this crisis event (Q only)
A039 Primary Route of Administration							Code	Description
A039 Primary Route of Administration Text 2 134 135 03 Inhalation 04 Injection 20 Other 96 Not applicable 97 Unknown for this crisis event (Q only) Code Description 01 No use in the past month 02 1-3 days in the past month 03 1-2 days in the past week 1-2 136 05 Daily 96 Not applicable 137 06 Description 01 No use in the past week 04 3-6 days in the past week 05 Daily 96 Not applicable 97 Unknown for this crisis event (Q only) Code Description 01 No use in the past week 04 3-6 days in the past week 05 Daily 96 Not applicable 97 Unknown for this crisis event (Q only) Code Description 00 Newborn with substance dependency problem 01 No use in the past week 04 3-6 days in the past week 05 Daily 96 Not applicable					124		01	Oral
A040 Primary Route of Administration Fixt 2 134 135 04 Injection 20 Other 96 Not applicable 97 Unknown for this crisis event (Q only) Code Description 01 No use in the past month 02 1-3 days in the past month 02 1-3 days in the past week 04 3-6 days in the past week 05 Daily 96 Not applicable A041 Primary Age at First Use Text 2 138 139 139 01-95 Age at first use, in years 96 Not applicable						135	02	Smoking
A040 Primary Frequency of Use Text 2 136 137 138 A041 Primary Age at First Use A04 Injection 20 Other 96 Not applicable 97 Unknown for this crisis event (Q only) Code Description 01 No use in the past month 02 1-3 days in the past month 03 1-2 days in the past week 04 3-6 days in the past week 05 Daily 96 Not applicable 97 Unknown for this crisis event (Q only) Code Description 0 Newborn with substance dependency problem 0 Newborn with substance dependency problem 0 Newborn with substance dependency problem 0 Not applicable	4020	Driman, Dauta of Administration					03	Inhalation
96 Not applicable 97 Unknown for this crisis event (Q only)	A039	Primary Route of Administration	rext	2	134		04	Injection
A040 Primary Age at First Use Text 2							20	Other
A040 Primary Frequency of Use Text 2 136 137 Code Description 01 No use in the past month 02 1-3 days in the past week 04 3-6 days in the past week 05 Daily 96 Not applicable 97 Unknown for this crisis event (Q only) Code Description 0 No use in the past week 0 4 3-6 days in the past week 0 5 Daily 96 Not applicable 97 Unknown for this crisis event (Q only) Code Description 0 Newborn with substance dependency problem 0 Not applicable							96	Not applicable
A040 Primary Frequency of Use Text 2							97	Unknown for this crisis event (Q only)
A040 Primary Frequency of Use 136 137 136 137 138 139 139 139 139 139 139 130							Code	Description
A040 Primary Frequency of Use Text 2 136 137 03 1-2 days in the past week 04 3-6 days in the past week 05 Daily 96 Not applicable 97 Unknown for this crisis event (Q only) Code Description 00 Newborn with substance dependency problem 139 139 139 139 139 139 139 139 139 13							01	No use in the past month
A040 Primary Frequency of Use Text 2 136 137 04 3-6 days in the past week 05 Daily 96 Not applicable 97 Unknown for this crisis event (Q only) Code Description 00 Newborn with substance dependency problem A041 Primary Age at First Use Text 2 138 139 139 01-95 Age at first use, in years 96 Not applicable							02	1-3 days in the past month
A041 Primary Age at First Use Text 2 138 139 04 3-6 days in the past week 05 Daily 96 Not applicable 97 Unknown for this crisis event (Q only) Code Description 00 Newborn with substance dependency problem 01-95 Age at first use, in years 96 Not applicable	4040	B:			400	407	03	1-2 days in the past week
A041 Primary Age at First Use Text 2 138 139 Not applicable 96 Not applicable 97 Unknown for this crisis event (Q only) Code Description 00 Newborn with substance dependency problem 00 Newborn with substance dependency problem 01-95 Age at first use, in years 96 Not applicable	A040	Primary Frequency of Use	rext	2	136	137	04	3-6 days in the past week
A041 Primary Age at First Use Text 2 138 139 Unknown for this crisis event (Q only) Code Description 00 Newborn with substance dependency problem 01-95 Age at first use, in years 96 Not applicable							05	Daily
A041 Primary Age at First Use Text 2 138 2 139 Code Description 00 Newborn with substance dependency problem 01-95 Age at first use, in years 96 Not applicable							96	Not applicable
A041 Primary Age at First Use Text 2 138 139 00 Newborn with substance dependency problem 00 00 00 00 00 00 00 00 00 00 00 00 00							97	Unknown for this crisis event (Q only)
A041 Primary Age at First Use Text 2 138 139 01-95 Age at first use, in years 96 Not applicable							Code	Description
A041 Primary Age at First Use Text 2 138 139 01-95 Age at first use, in years 96 Not applicable							00	Newborn with substance dependency problem
96 Not applicable	A041	Primary Age at First Use	Text	2	138	139	01-95	
97 Unknown for this crisis event (Q only)							96	
							97	Unknown for this crisis event (Q only)

Field ID	Field Name	Туре	Size	Begin	End		Comments
						Code	Description
						01	None
						02	Alcohol
						03	Cocaine/crack
						04	Marijuana/hashish
						05	Heroin
						06	Non-prescription methadone
						07	Other opiates/synthetics
						08	PCP - phencyclidine
						09	Hallucinogens
4040	Constitution of the Control of the C	T4	0	4.40	444	10	Methamphetamine/speed
A042	Secondary Substance Use Problem	Text	2	140	141	11	Other amphetamines
						12	Other stimulants
						13	Benzodiazepines
						14	Other tranquilizers
						15	Barbiturates
						16	Other sedatives/hypnotics
						17	Inhalants
						18	Over-the-counter medications
						20	Other drugs
						97	Unknown for this crisis event (Q only)
						98	Not collected-MH BHTEDS full record exception
						Code	Description
						01	Oral
						02	Smoking
						03	Inhalation
A043	Secondary Route of Administration	Text	2	142	143	04	Injection
						20	Other
						96	Not applicable
						97	Unknown for this crisis event (Q only)
						98	Not collected-MH BHTEDS full record exception
						Code	Description
						01	No use in the past month
						02	1-3 days in the past month
						03	1-2 days in the past week
A044	Secondary Frequency of Use	Text	2	144	145	04	3-6 days in the past week
				144		05	Daily
						96	Not applicable
						97	Unknown for this crisis event (Q only)
						98	Not collected-MH BHTEDS full record exception

Field ID	Field Name	Туре	Size	Begin	End		Comments																													
1 1010 15	- I loid Islamo	.,,,,	0.20	Dogiii	2.1.0	Code	Description																													
						00	Newborn with substance dependency problem																													
						01-95	Age at first use, in years																													
A045	Secondary Age at First Use	Text	2	146	147	96	Not applicable																													
						97	Unknown for this crisis event (Q only)																													
						98	Not collected-MH BHTEDS full record exception																													
						Code	Description																													
						01	None																													
						02	Alcohol																													
						03	Cocaine/crack																													
						04	Marijuana/hashish																													
						05	Heroin																													
						06	Non-prescription methadone																													
						07	Other opiates/synthetics																													
						08	PCP - phencyclidine																													
						09	Hallucinogens																													
						10	Methamphetamine/speed																													
A046	Tertiary Substance Use Problem	Text	2	148	149	11	Other amphetamines																													
						12	Other stimulants																													
						13	Benzodiazepines																													
						14	Other tranquilizers																													
						15	Barbiturates																													
						16	Other sedatives/hypnotics																													
						17	Inhalants																													
						18	Over-the-counter medications																													
						20	Other drugs																													
						97	Unknown for this crisis event (Q only)																													
						98	Not collected-MH BHTEDS full record exception																													
						Code	Description																													
				150	151	01	Oral																													
						02	Smoking																													
						03	Inhalation																													
A047	Tertiary Route of Administration	Text	2			04	Injection																													
						20	Other																													
						96	Not applicable																													
						97	Unknown for this crisis event (Q only)																													
						98	Not collected-MH BHTEDS full record exception																													
						Code	Description																													
						01	No use in the past month																													
						02	1-3 days in the past month																													
						03	1-2 days in the past week																													
A048	Tertiary Frequency of Use	Text	2	152	153	04	3-6 days in the past week																													
				102		05	Daily																													
																																			96	Not applicable
						97	Unknown for this crisis event (Q only)																													
						98	Not collected-MH BHTEDS full record exception																													

Field ID	Field Name	Туре	Size	Begin	End		Comments
						Code	Description
						00	Newborn with substance dependency problem
A049	Tortion, Ago at First Llag	Text	2	154	155	01-95	Age at first use, in years
A049	Tertiary Age at First Use	Text	2	104	155	96	Not applicable
						97	Unknown for this crisis event (Q only)
						98	Not collected-MH BHTEDS full record exception
						Code	Description
						1	Yes
A050	Medication-assisted Opioid Therapy	Text	1	156	156	2	No
						6	Not applicable
						7	Unknown for this crisis event (Q only)
						Code	Description
	Integrated Substance Use and Mental					1	Yes, client with co-occurring substance use and mental health problems is being treated with an integrated treatment plan by an integrated team.
A051	Health Treatment	Text	1	157	157	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.
						7	Unknown for this crisis event (Q only)
						Code	Description
						01	Homeless
						02	Dependent living (SUD Only)
						03	Independent living (SUD Only)
						22	Residential care/AFC (MH Only)
						23	Living in a private residence not owned or controlled by the PIHP, CMHSP or the contracted provider, alone or with spouse or non-relative(s). (MH Only)
						32	Foster Home/Foster Care (MH Only)
A052	Living Arrangements	Text	2	158	159	33	Living in a private residence that is owned and/or controlled by the PIHP, CMHSP or the contracted provider, alone or with spouse or non-relative (MH Only)
						42	Crisis Residence (MH Only)
						52	Institutional Setting (MH Only)
						62	Jail/Correctional/Other Institutions under the justice system (MH Only)
						72	Living in a private residence with natural or adoptive family member(s). "Family member" means parent, stepparent, sibling, child, or grandparent of the primary consumer or an individual upon whom the primary consumer is dependent for at least 50% of his/her financial support. (MH Only)
						97	Unknown for this crisis event (Q only)

Field ID	Field Name	Туре	Size	Begin	End		Comments
						Code	Description
A053	Detailed Residential Care Living	Text	3	160	162	221	Specialized Residential Home including any adult foster care facility certified to provide a specialized program per DMH Administrative Rules, 3/9/96, R 330.1801 (regardless of number of beds) or Licensed Children's Therapeutic Group Home
	Arrangement					222	General Residential Home - Licensed foster care facility not certified to provide specialized program (per the DMH Administrative Rules), regardless of number of beds.
						996	Not appicable
						997	Unknown for this crisis event (Q only)
A054	Number of Arrests in Past 30 Days	Numeric	2	153	164	nn	Number of separate arrests in the past 30 days. Enter 97 for Unknown for this crisis event. Enter 98 if Not collected due to MH Full BHTEDS record exception.
						Code	Description
						01	In prison
						02	In jail
						03	Paroled from a state or federal correctional facility
						04	Probation
						05	Tether
4055		.		405	400	06	Juvenile detention center
A055	Corrections Related Status	Text	2	165	166	07	Pre-trial (Adult) / Preliminary hearing (Youth)
						08	Pre-sentencing (Adult)/Pre-disposition (Youth)
						09	Post-booking diversion
						10	Booking diversion
						11	Not under jurisdiction of corrections or law enforcement program
						97	Unknown for this crisis event (Q only)
						98	Not collected - MH BHTEDS full record exception
						Code	Description
						01	No attendance
						02	Less than once a week - 1 to 3 times in past 30 days
4050	Attendance at Substance Use or Co-			407	400	03	About once a week - 4 to 7 times in past 30 days
A056	dependent Self-help Groups in Past 30 Days	Text	2	167	168	04	2 to 3 times per week - 8 to 15 times in past 30 days
	,					05	At least 4 times per week - 16 to 30 or more times in past 30 days
						97	Unknown for this crisis event (Q only)
						98	Not collected (for MH records only)
A057	Diagnostic Code Set Identifier	Numeric	1	169	169	Code	Description
- 1.007	2.ag		•	.00	.00	3	ICD-10
						Valid Entries	
						XXX.XXXX	
						xxx	where "_" represents a blank
							where "_" represents a blank
A058	Substance Use Diagnosis	Text	8	170	177		/here "_" represents a blank
							here "_" represents a blank
						xxx.xxx _ wh	ere "_" represents a blank
							no substance use diagnosis exists OR it has not been determined gnosis exists based on the assessment performed.

Field ID	Field Name	Туре	Size	Begin	End		Comments
11010.15		.,,,,,	0.20	209		Valid Entries	
						XXX.XXXX	
							/here "_" represents a blank
							here "_" represents a blank
A059	MH Diagnostic Code One	Text	8	178	185		ere "_" represents a blank
71000	National Code One	TOXE		170	100		ere "_" represents a blank
							re "_" represents a blank
							p primary mental health diagnosis exists OR it has not been a primary MH diagnosis exists based upon assessment
						Valid Entries	
						xxx.xxxx	
							here "_" represents a blank
						xxx w	here "_" represents a blank
A060	MH Diagnostic Code Two	Text	8	186	193	xxx.x wh	ere "_" represents a blank
						xxx.xx whe	ere "_" represents a blank
						xxx.xxx _ whe	re "_" represents a blank
							o secondary mental health diagnosis exists OR it has not been a secondary MH diagnosis exists based upon assessment
						Valid Entries	
						XXX.XXXX	
			8	194	201	xxxw	here "_" represents a blank
	MH Diagnostic Code Three	Text					here "_" represents a blank
A061							ere "_" represents a blank
							ere "_" represents a blank
							re "_" represents a blank
							o tertiary mental health diagnosis exists OR it has not been a tertiary MH diagnosis exists based upon assessment
						Code	Description
						01	Voluntary - self
						02	Voluntary - others
A062	Legal Status at Admission to State	Text	2	202	203	03	Involuntary - civil
	Hospital					04	Involuntary - criminal
						05	Involuntary - juvenile justice
						06	Involuntary -civil - sexual
						96	Not applicable
						Code	Description
						nn	2-digit composite score
A063	LOCUS Composite Score	Numeric	2	204	205	96	Not applicable (Adult who will NOT be receiving MI Services or Child with SED)
						97	Unknown for this crisis event (Q only)
		 				98 Valid Entries	Not collected - MH BHTEDS full record exception
A064	LOCUS Assessment Date	Numeric	8	206	213	MMDDYYYY	Date of assessment
A004	LOGGO ASSESSINGIIL DALE	Numenc	0	200	213	09302099	Used when A063 is 96, 97, or 98
		I				09302099	0364 WITEH A003 IS 30, 31, 01 30

Field ID	Field Name	Туре	Size	Begin	End		Comments
			-			nnn	Number of hours in the past 2 weeks that the individual performed work/tasks specific to Employment Statuses (A033): 01, 02, 03 OR number 04 with Detailed not in Labor force (A034) of 02, 07, 61, 62, 63, 64, or 65)
A065	Work/Task Hours	Numeric	3	214	216	996	Not applicable used for all other Employment status/Detailed not in competitive labor force combinations
						997	Unknown for this crisis event (Q only)
						998	Not collected - MH BHTEDS full record exception
						dd.cc	Amount earned per hour in the past 2 weeks that the individual performed work/tasks specific to Employment Statuses (A033): 01, 02, 03 OR number 04 with Detailed not in Labor force (A034) of 02, 07, 61, 62, 63, 64, or 65)
A066	Earnings per hour	Text	5	217	221	96.96	Not applicable used for all other Employment status/Detailed not in competitive labor force combinations
						97.97	Unknown for this crisis event (Q only)
						98.98	Not collected - MH BHTEDS full record exception
						01	WWII
						02	Korea
						03	Vietnam
				222	223	04	Desert Storm
4007	Most recent military service era	Text	2			05	Post 9/11 (OIF/OEF/OND)
A067						06	Peace time era
						95	Not applicable for FY17 record submitted in FY20 format.
						96	Not applicable - No military service
						97	Unknown for this crisis event (Q only)
						98	Not collected-MH BHTEDS full record exception
						01	Army
						02	Army National Guard
						03	Navy
						04	Air Force
						05	Air National Guard
A068	Branch served in	Text	2	224	225	06	Marines
						07	Coast Guard
						95	Not applicable for FY17 record submitted in FY20 format.
						96	Not applicable - No military service
						97	Unknown for this crisis event (Q only)
						98	Not collected-MH BHTEDS full record exception
						01	Yes
						02	No
A069	Client or Family military service	Text	2	226	227	95	Not applicable for FY17 record submitted in FY20 format.
						97	Unknown for this crisis event (Q only)
						98	Not collected-MH BHTEDS full record exception

Field ID	Field Name	Туре	Size	Begin	End		Comments
						01	Yes
	Client/family enrolled in/connected to					02	No
A070	VA/veteran resources/other support &	Text	2	228	229	95	Not applicable for FY17 record submitted in FY20 format.
	service organizations					97	Unknown for this crisis event (Q only)
						98	Not collected-MH BHTEDS full record exception
						02	No
						04	Yes, Co-located Service Only
						05	Yes, School Prevention Services Only
A071	MH BHTEDS full record exception	Text	2	230	231	06	Yes, Family subsidy Services Only
AUT	INIT BITTEDS full record exception	Text	2	230	231	07	Yes, Early-on Services Only
						08	Yes, Assessment Only
						09	Yes, Other*
						95	Not applicable for FY17 record submitted in FY20 format.
						01	Man/Cisgender Man
						02	Woman/Cisgender Woman
						03	Transgender Man
						04	Transgender Woman
						05	Agender
						06	Androgynous
						07	Bigender
A072	Gender Identity	Text	2	232	233	08	Genderfluid
						09	Gender Questioning
						10	Non-binary/Genderqueer
						11	Two Spirit
						90	Other
						95	Chose not to disclose
						97	Unknown for this crisis event (Q only)
						98	Not collected - MH BHTEDS full record exception
A097	Error ID	Numeric	8	234	241		
A098	PIHP Record ID	Text	10	242	251		
A099	Filler	Text	60	252	311		

Field ID	Field Name	Type	Size	Begin	End		Comments				
	BHTEDS Service Start Trailer Format										

		ВН	IED2 2	ervice	ice Start Trailer Format							
Field Name	Туре	Size	Begin	End	Comments	Comments						
EDI TYPE	Text	4	1	4	"TRLR"	TRLR"						
EDI APP	Text	2	5	6	"MA"							
EDIUSER												
EDI USER - prefix	Text	3	7	9	"DCH"							
EDI USER - PIHP ID	Text	4	10	13	Service Burea	au ID						
EDI USER - suffix	Text	1	14	14	Blank							
EDI CREATION DATE	Text	8	15	22	YYYYMMDD	YYYMMDD						
EDI TRANSFER DATE	Text	8	23	30	YYYYMMDD							
EDI TRANSFER TIME	Text	4	31	34	ННММ							
EDI FILE NAME	Text	4	35	38	5873							
EDI RUN TYPE					Code	Description						
	Text	1	39	39	Р	Production						
					Т	T Test						
EDI BATCH IDENTIFIER	Text	3	40	42	Unique batch identifier assigned by PIHP							
EDI RECORD COUNT	Number	6	43	48	Number of re	Number of records in a file including the header and trailer						
FILLER	Text	263	49	311								

BHTEDS UPDATE/END File Format (S, U, D, E)

NOTE: Any errors on the HDDR or TRLR record will cause the entire file to reject and be returned to the appropriate submitter via the Data Exchange Gateway (DEG) via the 5875 file.

BHTEDS Service Update/End Header Format

Field Name	Туре	Size	Begin	End	Comments				
EDI TYPE	Text	4	1	4	"HDDR"	HDDR"			
EDI APP	Text	2	5	6	"MA"				
EDIUSER									
EDI USER - prefix	Text	3	7	9	"DCH"				
EDI USER - PIHP ID	Text	4	10	13	Service Bure	eau ID/DEG Mailbox			
EDI USER - suffix	Text	1	14	14	Blank				
EDI TRANSFER DATE	Text	8	15	22	YYYYMMDD				
EDI TRANSFER TIME	Text	4	23	26	ННММ				
EDI FILE NAME	Text	4	27	30	5875				
EDI RUN TYPE					Code	Description			
	Text	1	31	31	Р	Production			
					T Test				
EDI BATCH IDENTIFIER	Text	3	32	34	Unique batch identifier assigned by PIHP				
FILLER	Text	240	35	274					

BHTEDS Service Update/End Input File Format

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

Field ID	Field Name	Туре	Size	Begin	End		Comments
						Code	Description
						1182841	Salvation Army-Harbor Light
						2813621	NorthCare Network
						2813628	Northern MI Regional Entity
						2813626	Lakeshore Regional Entity
DIJOOO	D	.	_	0	•	2813623	Southwest Michigan Behavioral Health
DU003	Payer ID	Text	7	3	9	2813625	Mid-State Health Network
						2813627	CMH Partnership of SE MI
						2813629	Detroit Wayne Integrated Health Network
						1183015	Oakland Community Health Network
						1183006	Macomb County CMH Services
						2813624	Region 10
DU004	State Provider Identifier	Text	7	10	16	CMHSP ID fo	or MH records
D0004	State Provider Identifier	Text	1	10	10	6 digit LARA	license ID preceded by a zero for SA admissions
DU005	Unique PIHP Person Identifier	Text	11	17	27		
						Code	Description
DU006	Social Security Number	Text	9	28	36	nnnnnnnn	Individual's actual social security number
D0000	occiai decurity Number	Text	3	20	30	999999997	Refused to provide
						99999998	N/A - Individual does not have a social security number
DU007	Medicaid ID	Text	10	37	46	ID regardless	s of current eligibility; otherwise, blank
DU008	MIChild ID	Text	10	47	56	If no ID, leav	e blank
DU009	Medicare ID	Text	11	57	67	If no ID, leav	e blank
						Code	Description
DU010	SDA, SSI, SSDI Enrolled	Text	1	68	68	1	Yes
	, ,					2	No
						8	Not collected-MH BHTEDS full record exception
DU011	Service Start Date	Text	8	69	76	MMDDYYYY	
DU012	Service Start Date Time of Day	Text	4	77	80	HHMM - milit	tary time
						Code	Description
						02	Detoxification, 24 hour service, free-standing residential
						04	Rehabilitation/residential - short term (30 days or fewer)
						05	Rehabilitation/residential - long term (more than 30 days)
						06	Ambulatory - intensive outpatient
						07	Ambulatory - non-intensive outpatient
DU013	Type of Update/Ending Treatment Service/Setting	Text	2	81	82	08	Ambulatory - detoxification
	Service/Setting					72	State psychiatric hospital
						73	State Mental Health Agency funded/operated community-based program
						74	Residential treatment center
						75	Other psychiatric inpatient
1						76	Institutions under the justice system
						96	MH individual receiving assessment or evaluation

Field ID	Field Name	Туре	Size	Begin	End		Comments
						Code	Description
DU014	Codependent/Collateral/Non-using Person Served	Text	1	90	90	1	Codependent/collateral/Non-using SUD funded individual
	reison served					2	Client
DU015	Service Update/End Date	Text	8	84	91	MMDDYYYY	Y
DU016	Service Update/End Time of Day	Text	4	92	95	HHMM - mil	itary time
						Code	Description
						01	Completed Treatment
						02	Dropped out of treatment
						03	Terminated by facility
						04	Transferring to another treatment program or facility
DU017	Reason for Service Update/End	Text	2	96	97	34	Discharged from state hospital to an acute medical facility for medical services (MH only)
						05	Incarcerated or released by or to courts
						06	Death
						07	Other (includes aging out of children's MH system, extended placement (conditional release), and all other reasons)
						96	Not applicable (used for Update records only)
						Code	Description Description
DU018	I/DD Designation	Text	1	98	98	1	Yes
	3					2	No
						Code	Description
DU019	MI/SED Designation	Text	1	99	99	1	Yes
	-					2	No
						Code	Description
						1	SMI
DU020	Detailed SMI/SED Status	Text	1	100	100	2	SED
D0020	Detailed Sivil/SED Status	Text	'	100	100	4	Neither SMI nor SED
						7	Not evaluated OR is an SUD (A) record without integrated treatment
						Code	Description
						1	Yes
DU021	Currently in Mainstream Special Education Status	Text	1	101	101	2	No
	Ludcation Status					6	Not applicable
						8	Not collected - MH BHTEDS full record exception
						Code	Description
						00	No schooling or less than one school grade
						72	Nursery school, pre-school, or head start
						73	Kindergarten
						74	Self-contained Special Education Class
						01	Grade 1
						02	Grade 2
						03	Grade 3
						04	Grade 4
						05	Grade 5
						06	Grade 6
DU022	Education	Text	2	102	103	07	Grade 7
] -			08	Grade 8
						09	Grade 9
						10	Grade 10
						11	Grade 11
						12	Grade 12 or GED

Field ID	Field Name	Туре	Size	Begin	End		Comments
						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
						98	Not collected - MH BHTEDS full record exception
						Code	Description
						1	Yes, client has attended school at any time in the past 3 months
DU023	School Attendance Status	Text	1	104	104	2	No, client has not attended school at any time in the past 3 months
						6	Not applicable
						8	Not collected MH BHTEDS full record exception
						Code	Description
						01	Full-time competitive, integrated employment
						02	Part-time competitive, integrated employment
DU024	Employment Status	Text	2	105	106	03	Unemployed
						04	Not in competitive, integrated labor force
						98	N/A - individual is under 16 years of age
						Code	Description
						01	Homemaker
						02	Student
						03	Retired
						04	Individual's current disability symptoms prevents him/her from competitively or non-competitively working.
						05	Receiving services from institutional facility
						07	Participates in sheltered workshop
						60	Discouraged Worker
	Detailed 'Not in Competitive,					61	Unpaid volunteering and community service
DU025	Integrated Labor Force'	Text	2	107	108	62	Micro-enterprise/Self-employment netting < minimum wage
						63	In enclaves/mobile crews/agency-owned transitional employment
						64	Participates in facility-based activity program where an array of specialty supports and services are provided to assist an individual in achieving her/his non-work-related goals.
						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 - Employment Status is coded 01, 02, or 03.
						98	N/A - individual is under 16 years of age
						Code	Description
						01	Individual is currently earning minimum wage or more.
DU026	Minimum Wage	Text	2	109	110	02	Individual is currently earning less than minimum wage.
						03	Individual is not working.
						98	Not collected - MH BHTEDS full record exception
DU027	Total Annual Income	Text	6	111	116	xxxxxx	6 characters, rounded to the nearest whole dollar; no decimal points or commas. Annualized current income utilized in calculating ATP. Enter 999998 for Not collected MH BHTEDS full record exception.
DU028	Number of Dependents	Numeric	2	117	118	nn	Number of dependents claimed in determining ATP. Enter 98 for Not collected - MH BHTEDS full record exception.

Du029 Primary Substance Use Problem Text 2 119 110 1	Field ID	Field Name	Type	Size	Begin	End		Comments
DU029 Primary Substance Use Problem Text 2 119 120							Code	Description
DU029 Primary Substance Use Problem Text 2 119 120 1							01	None
DU039 Primary Substance Use Problem Text 2							02	Alcohol
DU029 Primary Substance Use Problem							03	Cocaine/crack
DU029 Primary Substance Use Problem							04	Marijuana/hashish
DU029 Primary Substance Use Problem							05	Heroin
DU029 Primary Substance Use Problem							06	Non-prescription methadone
DU029							07	Other opiates/synthetics
DU039 Primary Substance Use Problem Text 2 119 120 10 Methamphetamine/speed 11 Other amphetamines 12 Other stimulants 13 Benzodiazepines 14 Other tranquilizers 15 Barbiturates 16 Other sedatives/hypnotics 17 Inhalants 18 Over-the-counter medications 20 Other drugs 20 Other drugs							08	PCP - phencyclidine
DU030 Primary Frequency of Use Text 2	DUIGOO	D	T		440	400	09	Hallucinogens
12 Other stimulants 13 Benzodiazepines	DU029	Primary Substance Use Problem	rext	2	119	120	10	Methamphetamine/speed
DU030 Primary Frequency of Use							11	Other amphetamines
DU030 Primary Frequency of Use							12	Other stimulants
DU030 Primary Frequency of Use Text 2 121 122 121 122 123 124 124 124 125 125 126							13	Benzodiazepines
DU030 Primary Frequency of Use Text 2 121 122 122 124 125 125 126 126 126 127 128							14	Other tranquilizers
17							15	Barbiturates
18							16	Other sedatives/hypnotics
DU030 Primary Frequency of Use Text 2							17	Inhalants
DU030 Primary Frequency of Use							18	Over-the-counter medications
DU030 Primary Frequency of Use Text 2 121 122 121 122 122 123 124 125 126 127 128							20	Other drugs
DU030 Primary Frequency of Use Text 2 121 122 122 123 124 125 126 127 128							Code	Description
DU030 Primary Frequency of Use							01	No use in the past month
DU030 Primary Frequency of Use							02	1-3 days in the past month
DU031 Secondary Substance Use Problem Text 2 123 124 Other amphetamines Du031 Secondary Substance Use Problem Text 2 123 124 Other stimulants 13 Benzodiazepines 14 Other tranquilizers 15 Barbiturates Du19 Du1	DU030	Primary Frequency of Use	Text	2	121	122	03	1-2 days in the past week
DU031 Secondary Substance Use Problem Text 2 123 124 Other amphetamines Du031 Secondary Substance Use Problem Text 2 123 124 Other stimulants Du031 Secondary Substance Use Problem Text 2 123 124 Other tranquilizers Du031 Secondary Substance Use Problem Text 2 123 124 Du132 Du133 Secondary Substance Use Problem Text 2 123 124 Du133 Secondary Substance Use Problem Text 2 123 124 Du133 Secondary Substance Use Problem Text 2 123 124 Du134 Du135 Secondary Substance Use Problem Text 2 123 124 Du135 Secondary Substance Use Problem Text 2 123 124 Du135 Secondary Substance Use Problem Text 2 123 124 Du135 Secondary Substance Use Problem Text 2 123 124 Du135 Secondary Substance Use Problem Text 2 123 124 Du135 Secondary Substance Use Problem Text 2 123 124 Du135 Secondary Substance Use Problem Text 2 123 124 Du135 Secondary Substance Use Problem Text 2 123 124 Du135 Secondary Substance Use Problem Text 2 123 124 Du135 Secondary Substance Use Problem Text 2 123 124 Du135 Secondary Substance Use Problem Text 2 123 124 Du135 Secondary Substance Use Problem Text 2 123 124 Du135 Secondary Substance Use Problem Text 2 123 124 Du135 Secondary Substance Use Problem Text 2 123 124 Du135 Secondary Substance Use Problem Text 2 123 124 Du135 Secondary Substance Use Problem Text 2 123 124 Du135 Secondary Substance Use Problem Text 2 123 124 Du135 Secondary Substance Use Problem Text 2 123 124 Du135 Secondary Substance Use Problem Text 2 123 124 Du135 Secondary Substance Use Problem Text 2 123 124 Du135 Secondary Substance Use Problem Text 2 123 124 Du135 Secondary Substance Use Problem Text 2 123 124 Du135 Secondary Substance Use Problem Text 2 123 124 Du135 Second							04	
DU031 Secondary Substance Use Problem Text 2 123 124							05	
DU031 Secondary Substance Use Problem Text 2 123 124 10 Methamphetamines							96	Not applicable
DU031 Secondary Substance Use Problem Text 2 123 124							Code	Description
DU031 Secondary Substance Use Problem Text 2 123 124 10 Methamphetamines 12 Other stimulants 13 Benzodiazepines 14 Other tranquilizers 15 Barbiturates Barbiturates 15 Barbiturates 16 Marijuana/hashish 04 Marijuana/hashish 05 Heroin 06 Non-prescription methadone 07 Other opiates/synthetics 08 PCP - phencyclidine 09 Hallucinogens 124 10 Methamphetamine/speed 11 Other amphetamines 12 Other stimulants 13 Benzodiazepines 14 Other tranquilizers 15 Barbiturates 15 Barbiturates 15 Barbiturates 16 PCP - phencyclidine 17 PCP - phencyclidine 18 PCP - phencyclidine 18 PCP - phencyclidine 19 PCP - phencycli							01	None
DU031 Secondary Substance Use Problem Text 2 123 124 10 Marijuana/hashish 05 Heroin 06 Non-prescription methadone 07 Other opiates/synthetics 08 PCP - phencyclidine 09 Hallucinogens 10 Methamphetamine/speed 11 Other amphetamines 12 Other stimulants 13 Benzodiazepines 14 Other tranquilizers 15 Barbiturates							02	Alcohol
DU031 Secondary Substance Use Problem Text 2 123 124 10 Methamphetamines 12 Other amphetamines 13 Benzodiazepines 14 Other tranquilizers 15 Barbiturates							03	Cocaine/crack
DU031 Secondary Substance Use Problem Text 2 123 124 06 Non-prescription methadone 07 Other opiates/synthetics 08 PCP - phencyclidine 09 Hallucinogens 10 Methamphetamine/speed 11 Other amphetamines 12 Other stimulants 13 Benzodiazepines 14 Other tranquilizers 15 Barbiturates							04	Marijuana/hashish
DU031 Secondary Substance Use Problem Text 2 123 124 07 Other opiates/synthetics 08 PCP - phencyclidine 09 Hallucinogens 10 Methamphetamine/speed 11 Other amphetamines 12 Other stimulants 13 Benzodiazepines 14 Other tranquilizers 15 Barbiturates							05	Heroin
DU031 Secondary Substance Use Problem Text 2 123 124 08 PCP - phencyclidine 09 Hallucinogens 11 Other amphetamines 12 Other stimulants 13 Benzodiazepines 14 Other tranquilizers 15 Barbiturates							06	Non-prescription methadone
DU031 Secondary Substance Use Problem Text 2 123 124 10 Methamphetamine/speed 11 Other amphetamines 12 Other stimulants 13 Benzodiazepines 14 Other tranquilizers 15 Barbiturates							07	Other opiates/synthetics
DU031 Secondary Substance Use Problem Text 2 123 124 10 Methamphetamine/speed 11 Other amphetamines 12 Other stimulants 13 Benzodiazepines 14 Other tranquilizers 15 Barbiturates							08	PCP - phencyclidine
11 Other amphetamines 12 Other stimulants 13 Benzodiazepines 14 Other tranquilizers 15 Barbiturates							09	Hallucinogens
12 Other stimulants 13 Benzodiazepines 14 Other tranquilizers 15 Barbiturates	DU031	Secondary Substance Use Problem	Text	2	123	124	10	Methamphetamine/speed
13 Benzodiazepines 14 Other tranquilizers 15 Barbiturates							11	Other amphetamines
14 Other tranquilizers 15 Barbiturates							12	Other stimulants
15 Barbiturates							13	Benzodiazepines
15 Barbiturates							14	Other tranquilizers
							15	
							16	Other sedatives/hypnotics
17 Inhalants							17	
18 Over-the-counter medications							18	Over-the-counter medications
20 Other drugs							20	
98 Not collected-MH BHTEDS full record exception								

Field ID	Field Name	Туре	Size	Begin	End		Comments
						Code	Description
						01	No use in the past month
						02	1-3 days in the past month
DU032	Secondary Frequency of Use	Text	2	125	126	03	1-2 days in the past week
D0032	Secondary Frequency or Ose	Text		120	120	04	3-6 days in the past week
						05	Daily
						96	Not applicable
						98	Not collected-MH BHTEDS full record exception
						Code	Description
						01	None
						02	Alcohol
						03	Cocaine/crack
						04	Marijuana/hashish
						05	Heroin
					128	06	Non-prescription methadone
	Tertiary Substance Use Problem			127		07	Other opiates/synthetics
			2			08	PCP - phencyclidine
						09	Hallucinogens
DU033		Text				10	Methamphetamine/speed
						11	Other amphetamines
						12	Other stimulants
						13	Benzodiazepines
						14	Other tranquilizers
						15	Barbiturates
						16	Other sedatives/hypnotics
						17	Inhalants
						18	Over-the-counter medications
						20	Other drugs
						98	Not collected-MH BHTEDS full record exception
						Code	Description
						01	No use in the past month
						02	1-3 days in the past month
DU034	Tertiary Frequency of Use	Text	2	129	130	03	1-2 days in the past week
2007		. 5/1	2	129	.50	04	3-6 days in the past week
						05	Daily
						96	Not applicable
						98	Not collected-MH BHTEDS full record exception

Field ID	Field Name	Type	Size	Begin	End		Comments
-		-71		3		Code	Description
						01	Homeless
						02	Dependent living (SUD Only)
						03	Independent living (SUD Only)
						22	Residential care/AFC (MH Only)
					132	23	Living in a private residence not owned or controlled by the PIHP, CMHSP or the contracted provider, alone or with spouse or non-relative(s). (MH Only)
						32	Foster Home/Foster Care (MH Only)
DU035	Living Arrangements	Text	2	131		33	Living in a private residence that is owned and/or controlled by the PIHP, CMHSP or the contracted provider, alone or with spouse or non-relative (MH Only)
						42	Crisis Residence (MH Only)
						52	Institutional Setting (MH Only)
						62	Jail/Correctional/Other Institutions under the justice system (MH Only)
						72	Living in a private residence with natural or adoptive family member(s). "Family member" means parent, stepparent, sibling, child, or grandparent of the primary consumer or an individual upon whom the primary consumer is dependent for at least 50% of his/her financial support. (MH Only)
	Detailed Residential Care Living Arrangement	Text	3			Code	Description
DU036				133	135	221	Specialized Residential Home including any adult foster care facility certified to provide a specialized program per DMH Administrative Rules, 3/9/96, R 330.1801 (regardless of number of beds) or Licensed Children's Therapeutic Group Home
						222	General Residential Home - Licensed foster care facility not certified to provide specialized program (per the DMH Administrative Rules), regardless of number of beds.
						996	Not applicable
DU037	Number of Arrests in Past 30 Days	Numeric	2	136	137	nn	Number of separate arrests in the past 30 days or since admission, whichever is shorter. Enter 98 if Not collected due to MH Full BHTEDS record exception.
			2	138		Code	Description
					139	01	In prison
						02	In jail
						03	Paroled from a state or federal correctional facility
						04	Probation
						05	Tether
DU038	Corrections Related Status	Text				06	Juvenile detention center
	Corrections (Veraled Status	Text				07	Pre-trial (Adult) Preliminary hearing (Youth)
						08	Pre-sentencing (Adult)/Pre-disposition (Youth)
						09	Post-booking diversion
						10	Booking diversion
						11	Not under jurisdiction of corrections or law enforcement program
						98	Not collected - MH BHTEDS full record exception

Field ID	Field Name	Туре	Size	Begin	End		Comments
						Code	Description
	Attendance at Substance Use or Codependent Self-help Groups in Past 30 Days					01	No attendance
						02	Less than once a week - 1 to 3 times in past 30 days
DU039		Text	2	140	141	03	About once a week - 4 to 7 times in past 30 days
B0000		TOAL	_	140	171	04	2 to 3 times per week - 8 to 15 times in past 30 days
						05	At least 4 times per week - 16 to 30 or more times in past 30
							days
						98	Not collected (for M records)
DU040	Diagnostic Code Set Identifier	Numeric	1	142	142	Code	Description
						3	ICD-10
						Valid Entries	
						XXX.XXXX	
							where "_" represents a blank
DU041	MH Diagnostic Code One	Text	8	143	150		where "_" represents a blank
							/here "_" represents a blank
							here "_" represents a blank
							ere "_" represents a blank
						Valid Entries	no Primary MH diagnosis has been determined.
						XXX.XXXX	
	MH Diagnostic Code Two					xxx where "_" represents a blank xxx where "_" represents a blank	
DU042		Text	8	151	158	xxx.x where "_" represents a blank	
						xxx.xx where "_" represents a blank	
						xxx.xxx _ where "_" represents a blank	
							no Secondary MH diagnosis has been determined.
						Valid Entries	•
	MH Diagnostic Code Three		8	159	166	XXX.XXXX	
		Text					where "_" represents a blank
							where "_" represents a blank
DU043							/here "_" represents a blank
							here "_" represents a blank
							ere "_" represents a blank
							no Tertiary MH diagnosis has been determined.
						Code	Description
	LOCUS Composite Score		2	167		nn	2-digit composite score
DU044		Numeric			168	96	Not applicable (Adult who did NOT be receive MI Services or Child with SED)
						98	Not collected - MH BHTEDS full record exception
			8	169		Valid Entries	
DU045	LOCUS Assessment Date	Numeric			176	MMDDYYYY	Date of assessment
						09302099	Used when A063 is 96, or 98
DU046	Work/Task Hours	Numeric	3	177	179	nnn	Number of hours in the past 2 weeks that the individual performed work/tasks specific to Employment Statuses (A033): 01, 02, 03 OR number 04 with Detailed not in Labor force (A034) of 02, 07, 61, 62, 63, 64, or 65)
						996	Not applicable used for all other Employment status/Detailed not in competitive labor force combinations
						998	Not collected - MH BHTEDS full record exception

Field ID	Field Name	Туре	Size	Begin	End		Comments
DU047	Earnings per hour	Text	5	180	184	dd.cc	Amount earned per hour in the past 2 weeks that the individual performed work/tasks specific to Employment Statuses (A033): 01, 02, 03 OR number 04 with Detailed not in Labor force (A034) of 02, 07, 61, 62, 63, 64, or 65)
50041		TOXE				96.96	Not applicable used for all other Employment status/Detailed not in competitive labor force combinations
						98.98	Not collected - MH BHTEDS full record exception
					185	Code	Description
			1	185		1	Yes, client with co-occurring substance use and mental health problems is being treated with an integrated treatment plan by an integrated team.
111111111111111111111111111111111111111	Integrated Substance Use and Mental Health Treatment	Text				2	No, client does NOT have a co-occurring substance use and mental health problem and is NOT being treated with an integrated treatment plan by an integrated team.
						3	Client with co-occurring substance use and mental health problems is NOT currently receiving integrated treatment.
						5	Not applicable for FY17 record submitted in FY20 format.
				186		02	No
			2		187	04	Yes, Co-located Service Only
	MH BHTEDS Full Record Exception					05	Yes, School Prevention Services Only
DU049		Text				06	Yes, Family subsidy Services Only
						07	Yes, Early-on Services Only
						08	Yes, Assessment Only Yes, Other*
						95	Not applicable for FY17 record submitted in FY20 format.
	Gender Identity		2	188	189	01	Man/Cisgender Man
						02	Woman/Cisgender Woman
		Text				03	Transgender Man
						04	Transgender Woman
						05	Agender
						06	Androgynous
						07	Bigender
DU050						08	Genderfluid
						09	Gender Questioning
						10	Non-binary/Genderqueer
						11	Two Spirit
						90	Other
						95	Chose Not To Disclose
						98	Not collected - MH BHTEDS full record exception
	Medication Assisted Opioid Therapy		1	190		1	Yes
DU051		Numeric			190	2	No
20001						6	N/A
DU097	Error ID	Numeric	8	191	198	0	1975
	PIHP Record ID	Text	10	199	208		
D0090	Filler	Text	66	209	274		

Field ID Field Name	Туре	Size	Begin	End		Comments
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BHTEDS Service Update/End Trailer Format

Field Name	Туре	Size	Begin	End	Comments		
EDI TYPE	Text	4	1	4	"TRLR"		
					"MA"		
					"DCH"		
		2	5	6	Service Bureau ID/DEG Mailbox		
					Blank		
EDI APP					YYYYMMDD		
EDIAPP	Text				YYYYMMDD		
					ннмм		
					5875		
					Code	Description	
					Р	Production	
					Т	Test	
EDI BATCH IDENTIFIER Text 3 40 42		42	<u>Unique</u> batch identifier assigned by PIHP				
EDI RECORD COUNT	Number	6	43	48	Number of records in a file including the header and trailer		
FILLER	Text	226	49	274			

BH COUNTY CODES APPENDIX

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

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