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

BHTEDS Service Start Input File Format

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

Field ID	Field Name	Type	Size	Begin	End		Comments
						Code	**Description**
						1182841	Salvation Army-Harbor Light
						2813621	NorthCare Network
						2813628	Northern MI Regional Entity
						2813626	Lakeshore Regional Entity
A003	Payer ID	Text	7	3	9	2813623	Southwest Michigan Behavioral Health
						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 MH records	
						==6 digit LARA ~~license~~ 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	nnnnnnnnn	Individual's actual social security number
						999999997	Refused to provide
						999999998	N/A - Individual does not have a social security number
A007	Medicaid ID	Text	10	37	46	**ID regardless of current eligibility**; otherwise, blank	
A008	MIChild ID	Text	10	47	56	If no ID, leave blank	
A009	Medicare ID	Text	11	57	67	If no ID, leave blank	
						Code	**Description**
A010	SDA, SSI, SSDI Enrolled	Text	1	68	68	1	Yes
						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 - military time	
A013	Time to Treatment	Text	3	81	83	Number of days between first contact/request for service and the first face-to-face treatment.	
						Code	**Description**
A014	Referral Source	Text	2	84	85	01	Individual
						02	Alcohol/drug abuse care provider
						03	Other health care provider
						04	School (Educational)
						05	Employer/Employee Assistance Program (EAP)
						06	Other community referral
						07	Court/criminal justice referral/DUI/DWI

Field ID	Field Name	Type	Size	Begin	End		Comments
						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)
						06	Ambulatory - intensive outpatient
						07	Ambulatory - non-intensive outpatient
A016	Type of Treatment Service Setting	Text	2	88	89	08	Ambulatory - detoxification
						72	State psychiatric hospital
						73	State Mental Health Agency funded/operated community-based program
						74	Residential treatment center
						75	Other psychiatric inpatient
						76	Institutions under the justice system
						96	MH individual receiving assessment or evaluation only.
						Code	**Description**
A017	Codependent/Collateral/Non-using Person Served	Text	1	90	90	1	Codependent/collateral/Non-using SUD funded individual
						2	Client
						Code	**Description**
A018	I/DD Designation	Text	1	91	91	1	Yes
						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
						2	SED
						4	Neither SMI nor SED
						7	Not evaluated

Field ID	Field Name	Type	Size	Begin	End		Comments
						Code	**Description**
						0	0 previous episodes
						1	1 previous episode
A021	Prior Treatment Episodes	Text	1	94	94	2	2 previous episodes
						3	3 previous episodes
						4	4 previous episodes
						5	5 or more previous episodes
						7	Unknown
A022	Date of Birth	Text	8	95	102		MMDDYYYY
						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		2 character code from BH County Codes Appendix corresponding to individual's place of residence
						Code	**Description**
						01	Alaskan native (Aleut, Eskimo)
						02	American Indian (non-Alaskan native)
						04	Black or African American
						05	White
A026	Race	Text	2	107	108	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
						03	Cuban
A027	Hispanic or Latino Ethnicity	Text	2	109	110	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 Education Status	Text	1	111	111	2	No
						6	Not applicable
						7	Unknown for this crisis event (Q only)
						8	Not collected .- MH BHTEDS full record exc eption

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

Field ID	Field Name	Type	Size	Begin	End		Comments
						Code	Description
A033	Employment Status	Text	2	118	119	01	Full-time competitive, integrated employment
						02	Part-time competitive, integrated employment
						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
A034	Detailed 'Not in Competitive, Integrated Labor Force'	Text	2	120	121	Code	Description
						01	Homemaker
						02	Student
						03	Retired
						04	Individual's current disability symptoms prevents him/her from competitively or non-competitively working.
						05	Receiving services from institutional facility
						07	Participates in sheltered workshop
						60	Discouraged Worker
						61	Unpaid volunteering and community service
						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.
						97	Unknown for this crisis event (Q only)
						98	N/A - individual is under 16 years of age
A035	Minimum Wage	Text	2	122	123	Code	Description
						01	Individual is currently earning minimum wage or more.
						02	Individual is currently earning less than minimum wage.
						03	Individual is not working.
						97	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.

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

Field ID	Field Name	Type	Size	Begin	End	Code	Comments
						Code	**Description**
						01	None
						02	Alcohol
						03	Cocaine/crack
						04	Marijuana/hashish
						05	Heroin
						06	Non-prescription methadone
						07	Other opiates/synthetics
						08	PCP - phencyclidine
						09	Hallucinogens
A042	Secondary Substance Use Problem	Text	2	140	141	10	Methamphetamine/speed
						11	Other amphetamines
						12	Other stimulants
						13	Benzodiazepines
						14	Other tranquilizers
						15	Barbiturates
						16	Other sedatives/hypnotics
						17	Inhalants
						18	Over-the-counter medications
						20	Other drugs
						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
						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	Type	Size	Begin	End		Comments
						Code	**Description**
						00	Newborn with substance dependency problem
A045	Secondary Age at First Use	Text	2	146	147	01-95	Age at first use, in years
						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
A046	Tertiary Substance Use Problem	Text	2	148	149	10	Methamphetamine/speed
						11	Other amphetamines
						12	Other stimulants
						13	Benzodiazepines
						14	Other tranquilizers
						15	Barbiturates
						16	Other sedatives/hypnotics
						17	Inhalants
						18	Over-the-counter medications
						20	Other drugs
						97	Unknown for this crisis event (Q only)
						98	Not collected-MH BHTEDS full record exception
						Code	**Description**
						01	Oral
						02	Smoking
						03	Inhalation
A047	Tertiary Route of Administration	Text	2	150	151	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
						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	Type	Size	Begin	End	Code	Description
A049	Tertiary Age at First Use	Text	2	154	155	Code	Description
						00	Newborn with substance dependency problem
						01-95	Age at first use, in years
						96	Not applicable
						97	Unknown for this crisis event (Q only)
						98	Not collected-MH BHTEDS full record exception
A050	Medication-assisted Opioid Therapy	Text	1	156	156	Code	Description
						1	Yes
						2	No
						6	Not applicable
						7	Unknown for this crisis event (Q only)
A051	Integrated Substance Use and Mental Health Treatment	Text	1	157	157	Code	Description
						1	Yes, client with co-occurring substance use and mental health problems is being treated with an integrated treatment plan by an integrated team.
						2	No, client does NOT have a co-occurring substance use and mental health problem.
						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)
A052	Living Arrangements	Text	2	158	159	Code	Description
						01	Homeless
						02	Dependent living (SUD Only)
						03	Independent living (SUD Only)
						22	Residential care/AFC (MH Only)
						23	Living in a private residence not owned 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)
						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	Type	Size	Begin	End	Code	Description
A053	Detailed Residential Care Living Arrangement	Text	3	160	162		
						Code	**Description**
						221	Specialized Residential Home including any adult foster care facility certified to provide a specialized program per DMH Administrative Rules, 3/9/96, R 330.1801 (regardless of number of beds) or Licensed Children's Therapeutic Group Home
						222	General Residential Home - Licensed foster care facility not certified to provide specialized program (per the DMH Administrative Rules), regardless of number of beds.
						996	Not 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.
A055	Corrections Related Status	Text	2	165	166	**Code**	**Description**
						01	In prison
						02	In jail
						03	Paroled from a state or federal correctional facility
						04	Probation
						05	Tether
						06	Juvenile detention center
						07	Pre-trial (Adult) / Preliminary hearing (Youth)
						08	Pre-sentencing (Adult)/Pre-disposition (Youth)
						09	Post-booking diversion
						10	Booking diversion
						11	Not under jurisdiction of corrections or law enforcement program
						97	Unknown for this crisis event (Q only)
						98	Not collected - MH BHTEDS full record exception
A056	Attendance at *Substance Use* or Co-dependent Self-help Groups in Past 30 Days	Text	2	167	168	**Code**	**Description**
						01	No attendance
						02	Less than once a week - 1 to 3 times in past 30 days
						03	About once a week - 4 to 7 times in past 30 days
						04	2 to 3 times per week - 8 to 15 times in past 30 days
						05	At least 4 times per week - 16 to 30 or more times in past 30 days
						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**
						3	ICD-10
A058	Substance Use Diagnosis	Text	8	170	177	Valid Entries	
						xxx.xxxx	
						xxx_ _ _ _ _ where "_" represents a blank	
						xxx. _ _ _ _ where "_" represents a blank	
						xxx.x_ _ _ where "_" represents a blank	
						xxx.xx _ _ where "_" represents a blank	
						xxx.xxx _ where "_" represents a blank	
						999.9997 if no substance use diagnosis exists OR it has not been determined if an SU diagnosis exists based on the assessment performed.	

Field ID	Field Name	Type	Size	Begin	End		Comments
A059	MH Diagnostic Code One	Text	8	178	185		Valid Entries
							xxx.xxxx
							xxx_ _ _ _ _ where "_" represents a blank
							xxx. _ _ _ _ where "_" represents a blank
							xxx.x_ _ _ where "_" represents a blank
							xxx.xx _ _ where "_" represents a blank
							xxx.xxx _ where "_" represents a blank
							999.9997 if no primary mental health diagnosis exists OR it has not been determined if a primary MH diagnosis exists based upon assessment performed.
A060	MH Diagnostic Code Two	Text	8	186	193		Valid Entries
							xxx.xxxx
							xxx_ _ _ _ _ where "_" represents a blank
							xxx. _ _ _ _ where "_" represents a blank
							xxx.x_ _ _ where "_" represents a blank
							xxx.xx _ _ where "_" represents a blank
							xxx.xxx _ where "_" represents a blank
							999.9997 if no secondary mental health diagnosis exists OR it has not been determined if a secondary MH diagnosis exists based upon assessment performed.
A061	MH Diagnostic Code Three	Text	8	194	201		Valid Entries
							xxx.xxxx
							xxx_ _ _ _ _ where "_" represents a blank
							xxx. _ _ _ _ where "_" represents a blank
							xxx.x_ _ _ where "_" represents a blank
							xxx.xx _ _ where "_" represents a blank
							xxx.xxx _ where "_" represents a blank
							999.9997 if no tertiary mental health diagnosis exists OR it has not been determined if a tertiary MH diagnosis exists based upon assessment performed.

Field ID	Field Name	Type	Size	Begin	End	Code	Description
A062	Legal Status at Admission to State Hospital	Text	2	202	203	01	Voluntary - self
						02	Voluntary - others
						03	Involuntary - civil
						04	Involuntary - criminal
						05	Involuntary - juvenile justice
						06	Involuntary -civil - sexual
						96	Not applicable
A063	LOCUS Composite Score	Numeric	2	204	205	Code	Description
						nn	2-digit composite score
						96	Not applicable (Adult who will NOT be receiving MI Services or Child with SED)
						97	Unknown for this crisis event (Q only)
						98	Not collected - MH BHTEDS full record exception

Field ID	Field Name	Type	Size	Begin	End		Comments
A064	LOCUS Assessment Date	Numeric	8	206	213		Valid Entries
						MMDDYYYY	Date of assessment
						09302099	Used when A063 is 96, 97, or 98

Field ID	Field Name	Type	Size	Begin	End		Comments
A065	Work/Task Hours	Numeric	3	214	216	nnn	Number of hours in the past 2 weeks that the individual performed work/tasks specific to Employment Statuses (A033): 01, 02, 03 OR number 04 with Detailed not in Labor force (A034) of 02, 07, 61, 62, 63, 64, or 65)
						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
A066	Earnings per hour	Text	5	217	221	dd.cc	Amount earned per hour in the past 2 weeks that the individual performed work/tasks specific to Employment Statuses (A033): 01, 02, 03 OR number 04 with Detailed not in Labor force (A034) of 02, 07, 61, 62, 63, 64, or 65)
						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
A067	Most recent military service era	Text	2	222	223	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 FY20 format.
						96	Not applicable - No military service
						97	Unknown for this crisis event (Q only)
						98	Not collected-MH BHTEDS full record exception
A068	Branch served in	Text	2	224	225	01	Army
						02	Army National Guard
						03	Navy
						04	Air Force
						05	Air National Guard
						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
A069	Client or Family military service	Text	2	226	227	01	Yes
						02	No
						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	Type	Size	Begin	End		Comments
A070	Client/family enrolled in/connected to VA/veteran resources/other support & service organizations	Text	2	228	229	01	Yes
						02	No
						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
A071	MH BHTEDS full record exception	Text	2	230	231	02	No
						04	Yes, Co-located Service Only
						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 FY20 format.
A072	Gender Identity	Text	2	232	233	01	Man/Cisgender Man
						02	Woman/Cisgender Woman
						03	Transgender Man
						04	Transgender Woman
						05	Agender
						06	Androgynous
						07	Bigender
						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

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

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	Type	Size	Begin	End	Comments	
EDI TYPE	Text	4	1	4	"HDDR"	
EDI APP	Text	2	5	6	"MA"	
EDI USER						
EDI USER - prefix	Text	3	7	9	"DCH"	
EDI USER - PIHP ID	Text	4	10	13	Service Bureau ID/DEG Mailbox	
EDI USER - suffix	Text	1	14	14	Blank	
EDI TRANSFER DATE	Text	8	15	22	YYYYMMDD	
EDI TRANSFER TIME	Text	4	23	26	HHMM	
EDI FILE NAME	Text	4	27	30	5875	
EDI RUN TYPE					**Code**	**Description**
	Text	1	31	31	P	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	Type	Size	Begin	End		Comments	
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.								
DU001	Client ~~Transaction~~ Record Type	Text	1	1	1	**Code**	**Description**	
						D	SA End Record	
						S	SA Update Record	
						U	MH Update Record	
						E	MH End Record	
DU002	System Transaction Type	Text	1	2	2	**Code**	**Description**	
						A	Add	
						C	Change	
						D	Delete	
						E	Error Erase	

Field ID	Field Name	Type	Size	Begin	End		Comments
						Code	**Description**
						1182841	Salvation Army-Harbor Light
						2813621	NorthCare Network
						2813628	Northern MI Regional Entity
						2813626	Lakeshore Regional Entity
DU003	Payer ID	Text	7	3	9	2813623	Southwest Michigan Behavioral Health
						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 for MH records	
						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	nnnnnnnnn	Individual's actual social security number
						999999997	Refused to provide
						999999998	N/A - Individual does not have a social security number
DU007	Medicaid ID	Text	10	37	46	ID regardless of current eligibility; otherwise, blank	
DU008	MIChild ID	Text	10	47	56	If no ID, leave blank	
DU009	Medicare ID	Text	11	57	67	If no ID, leave blank	
						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 - military 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
						72	State psychiatric hospital
						73	State Mental Health Agency funded/operated community-based program
						74	Residential treatment center
						75	Other psychiatric inpatient
						76	Institutions under the justice system
						96	MH individual receiving assessment or evaluation

Field ID	Field Name	Type	Size	Begin	End		Comments
						Code	**Description**
DU014	Codependent/Collateral/Non-using Person Served	Text	1	90	90	1	Codependent/collateral/Non-using SUD funded individual
						2	Client
DU015	Service Update/End Date	Text	8	84	91	MMDDYYYY	
DU016	Service Update/End Time of Day	Text	4	92	95	HHMM - military time	
						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**
DU018	I/DD Designation	Text	1	98	98	1	Yes
						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
						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
						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	Type	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**
DU023	School Attendance Status	Text	1	104	104	1	Yes, client has attended school at any time in the past 3 months
						2	No, client has not attended school at any time in the past 3 months
						6	Not applicable
						8	Not collected MH BHTEDS full record exception
						Code	**Description**
DU024	Employment Status	Text	2	105	106	01	Full-time competitive, integrated employment
						02	Part-time competitive, integrated employment
						03	Unemployed
						04	Not in competitive, integrated labor force
						98	N/A - individual is under 16 years of age
						Code	**Description**
DU025	Detailed 'Not in Competitive, Integrated Labor Force'	Text	2	107	108	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
						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**
DU026	Minimum Wage	Text	2	109	110	01	Individual is currently earning minimum wage or more.
						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.

Field ID	Field Name	Type	Size	Begin	End		Comments
						Code	Description
						01	None
						02	Alcohol
						03	Cocaine/crack
						04	Marijuana/hashish
						05	Heroin
						06	Non-prescription methadone
						07	Other opiates/synthetics
						08	PCP - phencyclidine
DU029	Primary Substance Use Problem	Text	2	119	120	09	Hallucinogens
						10	Methamphetamine/speed
						11	Other amphetamines
						12	Other stimulants
						13	Benzodiazepines
						14	Other tranquilizers
						15	Barbiturates
						16	Other sedatives/hypnotics
						17	Inhalants
						18	Over-the-counter medications
						20	Other drugs
						Code	Description
						01	No use in the past month
						02	1-3 days in the past month
DU030	Primary Frequency of Use	Text	2	121	122	03	1-2 days in the past week
						04	3-6 days in the past week
						05	Daily
						96	Not applicable
						Code	Description
						01	None
						02	Alcohol
						03	Cocaine/crack
						04	Marijuana/hashish
						05	Heroin
						06	Non-prescription methadone
						07	Other opiates/synthetics
						08	PCP - phencyclidine
						09	Hallucinogens
DU031	Secondary Substance Use Problem	Text	2	123	124	10	Methamphetamine/speed
						11	Other amphetamines
						12	Other stimulants
						13	Benzodiazepines
						14	Other tranquilizers
						15	Barbiturates
						16	Other sedatives/hypnotics
						17	Inhalants
						18	Over-the-counter medications
						20	Other drugs
						98	Not collected-MH BHTEDS full record exception

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

Field ID	Field Name	Type	Size	Begin	End	Code	Description
						Code	**Description**
						01	Homeless
						02	Dependent living (SUD Only)
						03	Independent living (SUD Only)
						22	Residential care/AFC (MH Only)
DU035	Living Arrangements	Text	2	131	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)
						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)
						Code	**Description**
DU036	Detailed Residential Care Living Arrangement	Text	3	133	135	221	Specialized Residential Home including any adult foster care facility certified to provide a specialized program per DMH Administrative Rules, 3/9/96, R 330.1801 (regardless of number of beds) or Licensed Children's Therapeutic Group Home
						222	General Residential Home - Licensed foster care facility not certified to provide specialized program (per the DMH Administrative Rules), regardless of number of beds.
						996	Not applicable
DU037	Number of Arrests in Past 30 Days	Numeric	2	136	137	nn	Number of separate arrests in the past 30 days or since admission, whichever is shorter. 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
DU038	Corrections Related Status	Text	2	138	139	06	Juvenile detention center
						07	Pre-trial (Adult) Preliminary hearing (Youth)
						08	Pre-sentencing (Adult)/Pre-disposition (Youth)
						09	Post-booking diversion
						10	Booking diversion
						11	Not under jurisdiction of corrections or law enforcement program
						98	Not collected - MH BHTEDS full record exception

Field ID	Field Name	Type	Size	Begin	End	Code	Description
DU039	Attendance at *Substance Use* or Co-dependent Self-help Groups in Past 30 Days	Text	2	140	141	01	No attendance
						02	Less than once a week - 1 to 3 times in past 30 days
						03	About once a week - 4 to 7 times in past 30 days
						04	2 to 3 times per week - 8 to 15 times in past 30 days
						05	At least 4 times per week - 16 to 30 or more times in past 30 days
						98	Not collected (for M records)
DU040	Diagnostic Code Set Identifier	Numeric	1	142	142	Code	Description
						3	ICD-10
DU041	MH Diagnostic Code One	Text	8	143	150	Valid Entries	
						xxx.xxxx	
						xxx_ _ _ _ _ where "_" represents a blank	
						xxx. _ _ _ _ where "_" represents a blank	
						xxx.x_ _ _ where "_" represents a blank	
						xxx.xx _ _ where "_" represents a blank	
						xxx.xxx _ where "_" represents a blank	
						999.9997 if no Primary MH diagnosis has been determined.	
DU042	MH Diagnostic Code Two	Text	8	151	158	Valid Entries	
						xxx.xxxx	
						xxx_ _ _ _ _ where "_" represents a blank	
						xxx. _ _ _ _ where "_" represents a blank	
						xxx.x_ _ _ where "_" represents a blank	
						xxx.xx _ _ where "_" represents a blank	
						xxx.xxx _ where "_" represents a blank	
						999.9997 if no Secondary MH diagnosis has been determined.	
DU043	MH Diagnostic Code Three	Text	8	159	166	Valid Entries	
						xxx.xxxx	
						xxx_ _ _ _ _ where "_" represents a blank	
						xxx. _ _ _ _ where "_" represents a blank	
						xxx.x_ _ _ where "_" represents a blank	
						xxx.xx _ _ where "_" represents a blank	
						xxx.xxx _ where "_" represents a blank	
						999.9997 if no Tertiary MH diagnosis has been determined.	
DU044	LOCUS Composite Score	Numeric	2	167	168	Code	Description
						nn	2-digit composite score
						96	Not applicable (Adult who did NOT be receive MI Services or Child with SED)
						98	Not collected - MH BHTEDS full record exception
DU045	LOCUS Assessment Date	Numeric	8	169	176	Valid Entries	
						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	Type	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)
						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
DU048	Integrated Substance Use and Mental Health Treatment	Text	1	185	185	**Code**	**Description**
						1	Yes, client with co-occurring substance use and mental health problems is being treated with an integrated treatment plan by an integrated team.
						2	No, client does NOT have a co-occurring substance use and mental health problem and is NOT being treated with an integrated treatment plan by an integrated team.
						3	Client with co-occurring substance use and mental health problems is NOT currently receiving integrated treatment.
						5	Not applicable for FY17 record submitted in FY20 format.
DU049	MH BHTEDS Full Record Exception	Text	2	186	187	02	No
						04	Yes, Co-located Service Only
						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 FY20 format.
DU050	Gender Identity	Text	2	188	189	01	Man/Cisgender Man
						02	Woman/Cisgender Woman
						03	Transgender Man
						04	Transgender Woman
						05	Agender
						06	Androgynous
						07	Bigender
						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
DU051	Medication Assisted Opioid Therapy	Numeric	1	190	190	1	Yes
						2	No
						6	N/A
DU097	Error ID	Numeric	8	191	198		
DU098	PIHP Record ID	Text	10	199	208		
DU099	Filler	Text	66	209	274		

Field ID	Field Name	Type	Size	Begin	End		Comments

BHTEDS Service Update/End Trailer Format

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

BH COUNTY CODES APPENDIX

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