BH TEDS Admission and Discharge Field Entry Guide – FY20
For NON-Crisis Only Services on or after 10/1/19

This document provides instruction for completing fields in BH TEDS documents for NON-Crisis Only records as of 10/1/2019.

For instructions on completing a BH-TEDS Admission Document for Crisis Only services on or after 10/1/19, see the BH-TEDS Field Entry Guide FY20 - CRISIS ONLY.

For instructions on completing OR CORRECTING any type of BH-TEDS Admission or Discharge Document dated prior to 10/1/19, please see the BH-TEDS Field Entry Guide FY19 – Updated.

Color codes in this guide:
- **Green text indicates a particular response <u>must</u> be selected**.
- **Blue text indicates the field or section is not used and can be left blank**.
- Gray indicates a field that cannot or should not be completed or changed in the BH-TEDS document.
- **All other fields must be completed (unless otherwise noted) or the record will produce an error in reporting and you will need to edit and fix the omission.**

Guidance from DHHS when you are unable to identify the exact response for a field: *"The best answer among the choices is useful enough and good enough. Useful and informative is the goal."*

Full Record Exception: If client meets the criteria for an exception and the reason is selected in this field, then 'Not Collected Full Record Exception' can be selected for any field that allows it. DHHS indicates that this exception option should not be used regularly for every allowable field in exception cases, only for the fields that cannot be collected.

Do NOT Select 'Q – Unknown for this Crisis Event.' This option is only available for Crisis Only Events.

Note: If you receive notice to correct an error on a BH TEDS document and you no longer have access to the client, please email ISBA@ceicmh.org or Helpdesk@ceicmh.org, providing the Client ID and the reason you need access.

BH TEDS – Admission Document

Tab > Section	Field / Section	Instructions
	Effective Date	This will auto-fill from the Service Start Date when entered. It should match the Service Start Date. This date determines which Field Entry Guide you should follow to complete your document.
Admission Tab		

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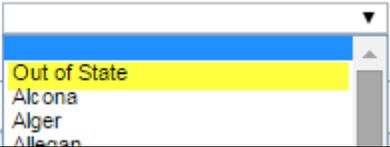|		
> Admission Information	**Date of Request**	The date of first contact when Treatment was requested. This is used to calculate Time to Treatment.
	Service Start Date	Date of first face-to-face service. *Note*: This date should carry over to the Effective field next to Author.
	Service Start Time	Start time of service provided for this episode, e.g. face-to-face assessment, crisis service, State hospital admission, etc.
	Time to Treatment	**No entry required**. System calculates the number of days between first contact/request for service (Date of Request) and the first face-to-face treatment (Service Start Date). Verify that the number looks correct. *Note*: If Request and Service Start are on the same day, this will show *blank*. If the number is not correct, adjust the Date of Request or Service Start Date as appropriate.
	Service Area	Always select **Mental Health**
	Service Type	• **Q Record Crisis Contact** – **DO NOT USE**. If this is a single Crisis Only contact, see the first page of this guide for links to the appropriate Field Entry Guide. • **Assessment Only** – Client receives an assessment and **no other services** (denied treatment or client opted out). Assessment Only services require complete BH TEDS documents. • **Initial** – For all services not otherwise identified in Service Type options • **State Hospital Admission** – Client admitted to State Psychiatric Hospital • **Crisis Contact Only (Before 10/1/19)** – **DO NOT USE**. If this is a single Crisis Only contact, see the first page of this guide for links to the appropriate Field Entry Guide. *Note*: For clients receiving "Assessment Only" services *when no other services are expected,* the client cannot have any other services during that BH TEDS episode and a BH TEDS Discharge must also be completed.
Save	**Save here!** There can only be one non-Q-Record entered for any given day for a client. If you see an error indicating that a record already exists, delete this newly started document because we cannot report it. If there is already a non-Q-Record for that day, you should not enter another one.	
> Client	**First/Last Name**	Pulls in from client record
	Gender	Pulls in from client record. Select the gender with which the client identifies, unless client is pregnant, then Female must be selected.
	SSN	Pulls in from the client record.
	SSN – Refused to Provide / Unknown	If SSN displays as 999-##-#### or 000-##-####, one of the associated radio buttons **must** be selected; "Refused to Provide SSN" or "N/A-Does not have SSN."

	Date of Birth	Pulls in from client record
> Comment	**Comment**	*A comment can be entered here but is not required.*
> Full Record Exception	**BH TEDS Full Record Exception**	**No,** *this is the correct response for most documents beginning 10/1/2017* - Yes, Crisis **Only** Service – DO NOT USE (See Crisis Only Field Entry Guide) - Yes, Co-located Service **Only** - Yes, School Prevention Services **Only** - Yes, Family Subsidy Services **Only** - Yes, Early-on services **Only** - Yes, Assessment **Only** - Yes, "Other." Select only if it is not possible to collect BH TEDS for this type of client/services and no other option is appropriate. If selected, you must enter the reason the data cannot be collected in the "Other Exception Description" field; each case and comment is reported to the state. - Not applicable for FY17 record submitted in FY20 format – DO NOT USE (See FY 19 Updated Field Entry Guide)
	Other Exception Description	If 'Yes, Other' was selected in the Full Record Exception Field, enter the reason for the exception. Otherwise, leave blank.
> Referral Information	**Referred by**	Select appropriate option.
	Who directed you to this program? Specify	If Referred by = "Court/Criminal Justice/DUI/DWI," select from among the detailed criminal justice referral options, otherwise leave blank. Select "MDOC SUD Treatment Referral" when the individual is "under the supervision of the Michigan Department of Corrections who is no longer incarcerated and is referred for SUD services."
> General Demographics	**Living Arrangements**	Select the appropriate option
	Detailed Residential Care Living Arrangement	If Living Arrangements is "Residential care/AFC," then "Specialized" or "General Residential" must be selected. If Living Arrangements is not "Residential care/AFC," select "Not applicable."
	County of Residence	If client resides in MI, select County of Residence. If client resides in Wisconsin, Indiana, Ohio, Illinois, or Canada, select specific option from the end of the list.

		If client resides in a state not listed, select "Out of State" from the top of the list. County of Residence ▼ <mark>Out of State</mark> Alcona Alger Allegan
	Pregnant on Service Start Date	If Gender is Male, or if Gender is Female and the client's age is less than 15, select "N/A-male adult or prepubescent child" response. If Gender is female and client is 15 or older, select 'Yes…' or 'No…' If a female client will not disclose, select "No-female individual was not pregnant."
	Race	Select the appropriate option
	Hispanic or Latino Ethnicity	Select the appropriate option
	Marital Status	Select the appropriate option.
	Number of Dependents	Enter the number of dependents utilized in calculating the individual's ATP. Children are typically reported on parent(s)' tax return, so typically the number of dependents claimed on parent(s)' return would be reported. In cases where the child's income is used in determining ATP (i.e. Children's Waiver Program and the SED Waiver Programs) the number of dependents would be 1. *Note*: Number of Dependents should never be = 0.
	Corrections Related Status	Select the appropriate option.
	Arrests in Past 30 Days	Enter the number of separate arrests in the past 30 days. Leave blank only if "Not collected – MH BH TEDS full record exception" applies. (0 is a valid option.)
	Education	Identify: • The highest school grade completed for those no longer attending school; • Current school grade for individuals aged 3-17 not protected by State of Michigan Special Education Law; or • Current school grade or special education classroom status for individuals 0-26 who are protected by State of Michigan Special Education Law; or • The option "Not collected – MH BH TEDS full record exception" is available for this field.
	Currently in Mainstream Special Education Status	**If client is older than 26, response must be "Not Applicable."** If client is 26 or younger, identify whether or not the individual is currently in mainstream education with Special Education Status, i.e. through use of an Individualized Education Plan (IEP). The option "Not collected – MH BH TEDS full record exception" is available for this field only when the consumer's age is <26.
	School Attendance Status	**If client is older than 26, response must be "Not Applicable."**

		If client is 26 or younger:
		• Identify the school attendance status of school-age individuals (3-17 years old) or individuals protected by Michigan Special Education Law (00-26 years old) who are receiving education and/or mental health services. • If client is age 3-21, School Attendance Status cannot be "Not Applicable."
	Veteran Status	Select the appropriate option.
	Branch served in	Indicate the branch of service of the client's most recent Military Service Era, or identify if "Not Applicable – No Military service." Response is required and not linked to "Veteran Status." --- *Note:* when effective date of document is before 10/1/17, select "Not applicable for FY17 record submitted in FY18 format."
	Most recent military service era	Indicate the most recent Military Service Era in which the individual served, or identify if "Not Applicable – No Military service." Response is required and not linked to "Veteran Status." --- *Note:* when effective date of document is before 10/1/17, select "Not applicable for FY17 record submitted in FY20 format."
	Client or Family military service	Indicate whether or not an immediate family member (spouse, mother, father, sibling, half-sibling, or child) served in the military. --- *Note:* when effective date of document is before 10/1/17, select "Not applicable for FY17 record submitted in FY20 format."
	Client/family enrolled in connected to VA/veteran resources	Indicate whether or not the client or a member of his/her family (spouse, mother, father, sibling, half-sibling, or child) is connected to veteran-related resources. --- *Note:* when effective date of document is before 10/1/17, select "Not applicable for FY17 record submitted in FY20 format."
> Employment / Income	**Employment Status**	Identify the client's current employment status: • **Full-time, competitive** – 35 hours or more per week, earning at least minimum wage. • **Part-time, competitive** – Less than 35 hours per week, earning at least minimum wage. • **Unemployed** – client has been looking for work in the past 30 days or has been laid off • **Not in Competitive Labor Force** – client is not competitively employed and has *not* looked for work in the past 30 days (reasons selected in the next field) • **N/A** - for children < 16 y.o.
	Detailed 'Not in Competitive Integrated Labor Force	If Employment Status is "Not in Competitive Labor Force," select the appropriate option. For all other Employment Status selections, choose "Not Applicable" or "N/A – individual is under 16 years of age."

	Total Annual Income	Identify the annualized income utilized in calculating the individual's ATP rounded to the nearest whole dollar. Children are typically reported on parent(s)' tax return, so the total annual income of the parent(s) would be reported. In cases where the child's income is used in determining ATP (i.e. Children's Waiver Program, SED Waiver Programs) the total annual income would reflect the child's income only. ***Note***: If the client is employed FT or PT, this field must be greater than $0. If "Not collected – MH BH TEDS full record exception" applies, then leave this field blank.
	Minimum Wage	- If Employment Status is "FT competitive" or "PT competitive," Minimum Wage MUST = **Individual is currently earning minimum wage or more**. (If client is not earning at least minimum wage, then s/he is not *competitively* employed.) - If Employment Status is "Unemployed" or "N/A individual is under 16 years of age," then Minimum Wage MUST = **Individual is Not Working** - If Detailed not in Competitive Labor Force = "Micro-enterprise/Self-employment netting < minimum wage," then Minimum Wage MUST = **Individual is currently earning less than minimum wage.** - If Detailed not in Competitive Labor Force is listed below, then Minimum Wage MUST = **Individual is Not Working**. - Homemaker - Student - Retired - Individual's current disability symptoms prevent… - Discouraged Worker - Unpaid volunteering and community service - Participates in a community based activity… - Otherwise, for Full Record Exceptions, the option "Not collected – MH BH TEDS full record exception" is available for this field.
	Work/Task Hours	This field, and the Earnings per Hour field below are required when any of these apply: - Employment Status = Full-Time competitive, integrated employ - Employment Status = Part-Time competitive, integrated employ - Employment Status = Unemployed - Employment Status = "Not in Competitive Labor Force" AND "Detailed Not in Competitive Labor Force" = any of the following: - Student - Participates in sheltered workshop - Unpaid volunteering and community service

		o Micro-enterprise/Self-employment … o In enclaves, mobile crews, etc. o Participates in facility-based activity program… o Participates in a community-based activity program… engaging with members of the general community If required, enter the number of hours the client spent in the last two weeks performing the tasks indicated above, e.g. if client is "Not in Competitive Labor Force" and detailed reason is "Micro-enterprise," how many hours in the past two weeks did client spend on micro-enterprise.
	SDA, SSI, SSDI Enrolled	Response options are "Yes," "No," or "Not collected." If "Not collected" is chosen, a "Yes" response **MUST** be selected for the Admission Tab > Full Record Exception field.
	Earnings per Hour	*Note*: Earnings per Hour is required when Work/Task Hours is required. If required, enter the hourly rate the client earned in the last two weeks performing the tasks indicated above, e.g. if client is "Not in Competitive Labor Force" and detailed reason is "Micro-enterprise," what hourly rate did the client earn working on micro-enterprise.
> Treatment Information	**Type of Treatment Service Settings**	Select from these five options applicable to CEI: • **State psychiatric hospital** – Select when **Service Type** = State Hospital Admission • **State Mental Health Agency funded/operated community-based program** – Select for services not specifically identified for other settings • **Other psychiatric inpatient** – Select for Community Inpatient • **Institutions under the justice system** – Select if client is in jail, prison, juvenile detention, etc. at the start of treatment • **MH individual receiving assessment or evaluation only** – Select when **Service Type** = Assessment Only (Client assessed but will not be receiving services.)
	Legal Status at Admission to State Hospital	If Type of Treatment Service Settings is "State psychiatric hospital," select the appropriate voluntary/involuntary option. Otherwise, select "Not Applicable."
	Codependent/Collateral Person Served	Always select **Client**.
	I/DD Designation	Identify whether the individual has been evaluated and meets Michigan's Mental Health Code definition of Developmental Disability, regardless of whether or not s/he receives services from the I/DD or MI service arrays. (Note: Not Evaluated is not an option for Update / Discharge records. See Update / Discharge section.)
	MI/SED Designation	Identify whether the individual has been evaluated and/or the individual has a DSM 5/ICD10 diagnosis, exclusive of mental retardation, developmental disability, or substance abuse disorder OR if the individual has a Serious Emotional Disturbance.

		Note: If a client is only enrolled in DD cost centers, this field can be marked "No." (Note: Not Evaluated is not an option for Update / Discharge records. See Update / Discharge section.)

	Detailed SMI/SED Status	Indicate if a client has serious mental illness (SMI) or serious emotional disturbance (SED).
		 • Select "SMI" if MH Designation is Yes AND the client is 21 or older AND the client meets the current Michigan Mental Health Code Definition P.A. 500 of Serious Mental Illness regardless of whether they receive services from the I/DD or the MI service arrays.
		 • Select "SED" if MH Designation is Yes AND the client less than 21 AND the client has a Serious Emotional Disturbance as defined in the current Michigan Mental Health Code.
		 • Select "Neither SMI nor SED" if the client does not meet the current Mental Health Code Definition of Serious Mental Illness or have an SED DSM diagnosis. (Mild to moderate MI client)
		 • Select "Not Evaluated or N/A" if:
		     ○ MI Designation = "No" OR
		     ○ MI Designation = "Yes" AND the client was not evaluated for SMI or SED.

	Integrated Substance Use and Mental Health Treatment	**Do not select "Yes**.**"** Options for CEI are: • Select "No – Not Co-Occurring" if client does **not** have a co-occurring substance use and mental health problem, and when **there is no substance use diagnosis on the Diagnosis tab of the BH-TEDS document.** • Select "Co-occurring not receiving integrated care" if client **has a co-occurring substance use and mental health problem, and when there is a substance use diagnosis on the Diagnosis tab of the BH-TEDS document**. *Note*: if this option is selected, at least one substance (and corresponding fields) must be identified on the Substance Use History tab.
	Medication-assisted Opioid Therapy at this Agency	Select "Not Applicable" unless you are entering Heroin, non-prescription Methadone, or Other Opiates/Synthetics in the Substance Use History tab (then select Yes or No.)
	Prior Treatment Episodes	Identify the number of times the client reports having tried to address this problem at any treatment provider. If self-report is known to be inaccurate, a more accurate option may be selected.
	Attendance at Substance Abuse Self Help Groups Past 30 Days	Select one of the following: No attendance, Less than once a week, About once a week, 2 to 3 times per week, At least 4 times per week, or Not collected (for MH records only)
> LOCUS	**LOCUS Assessment Date**	Enter the date of the most recent LOCUS assessment. If LOCUS is not required for the client, leave this field blank and complete the "LOCUS Not Completed" field. *Note*: LOCUS is required for MI adult clients with a BH TEDS Admission or Update/Discharge document dated on or after 10/1/16.

	LOCUS Score	Enter the LOCUS Total Score (from the bottom of the LOCUS PDF above signature.) If LOCUS is not required for the client, leave this field blank and complete the LOCUS Not Completed field.
	LOCUS Not Completed	If the LOCUS is not required, select the correct reason: • Non-MI Adult Individual – Select this option if the client is a child or MNI/SED = "No" • Not collected – MH BH TEDS full record exception • **If there is a value in the LOCUS Assessment Date and/or Score _AND_ the LOCUS Not Completed field**, you will need to wipe out the Date / Score OR the Not Completed field as appropriate for the client. (Client cannot have LOCUS info AND Not Collected info.)
> Provider	**Provider**	**Always** select **CEI CMH.** • Expense COFR (other CMH providing services, CEI is county of financial responsibility): select CEI. • Revenue COFR (CEI providing services, other CMH is county of financial responsibility)**: DO NOT ENTER BH TEDS INTO SMARTCARE.** This will incorrectly double report to DHHS-the other county is responsible for reporting.
	External Provider Site	Leave blank.
> Substance Use History	**Substance Use History**	**This section should only be completed for substances that are being treated as part of a co-occurring disorder.** _Note_**:** Recreational use should not be identified in this section. If unknown or not collected, select BH-TEDS Full Record Exception = 'Q – Unknown for this Crisis Event' (Do NOT select either the 'Secondary…' or 'Tertiary…' response.) Otherwise: If the Integrated Sub Abuse-Mental Health Treatment field in the Referral and Treatment section = **No – Not Co-occurring** –**and** the client does not have an SUD Diagnosis, leave this section blank. If the Integrated Sub Abuse-Mental Health Treatment field in the Referral and Treatment section = **Co-Occurring not receiving integrated care** and/or the **client has an SUD Diagnosis**, follow these guidelines: For each Substance Use Disorder: • Check the box for the Substance used • Identify Age at first use • Select Route of administration • Identify Date Last Used • Identify the Primary (1), Secondary (2) etc. in the Preference column. A number can only be used once on the screen, e.g. do not mark two different substances as "1."

		• All fields identified above are required if a substance is checked.
		
		BH TEDS Full Record Exception field:
		If the BH TEDS Full Record Exception field = "**Yes**…" then select as appropriate:
		   o Leave blank if the client does not have any secondary or tertiary SUD, OR if you enter a secondary and tertiary substance.
		   o Select "Secondary and Tertiary Substance Use Information Not collected – BH TEDS full record exception" if you were unable to identify if the client has a secondary or tertiary SUD.
		   o Select "Tertiary Substance Use Information Not collected – BH TEDS full record exception" if you entered a secondary SUD, but were unable to identify if the client has a tertiary SUD.
		
		Note: If the Admission tab was marked as a Full Record Exception but the client IS being treated for substances as part of a co-occurring disorder, **primary** substance use history will need to be completed.

Diagnosis Tab		
> Diagnosis	**Diagnosis**	Dx will pull in if there is a signed Diagnosis document. Otherwise, add at least one diagnosis. Or, if the client received an Assessment Only and has no Dx, just check the "No Diagnosis" checkbox.

BH TEDS – Update / Discharge

Most of the fields will pull in from the Admission. The state will compare some fields from the Admission and Discharge records to identify change or progress made during the episode, so the fields should be re-evaluated and updated if appropriate, even though they have auto-filled (e.g. if a client was homeless at the start of treatment but had housing at discharge, the new housing status should be recorded.)

Only the fields that differ from the Admission will be identified below.

Tab	Field/Section	Instructions
	Effective Date	This will auto-fill from the Update / Discharge Date when entered. It should match the Service Start Date. This date determines which Field Entry Guide you should follow to complete your document.
BH TEDS Update/Discharge – Admission (Tab)		

BH TEDS Admission and Discharge Field Entry Guide – FY20
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Note: You must **select the Associated Admission first**. Doing so will automatically populate associated data.		
Admission >	**Associated Admission**	Select the associated Admission for this Update or Discharge.
	Service Start Date	No entry required. The Service Start Date from the linked Admission will populate here for informational purposes only.
	Service Start Time	No entry required. The Service Start Time from the linked Admission will populate here for informational purposes only. Verify that your Update or Discharge Date/Time is later than the Services Start Date/Time listed.
	Update/Discharge Date	For Updates, enter the date that the data was recollected at the time of the annual review. For Discharges, enter the end date of the last face-to-face service. The Update/Discharge Date may be the same as the Service Start Date, but cannot be sooner. This Date will auto-fill into the Effective Date. However, if you enter and then change the Update/Discharge Date, you will also need to change the Effective Date.
	Update/Discharge Time	For Updates, enter the time that the data was recollected at the time of the annual review. For Discharge, enter the end time of the last face-to-face service. If it is not practical to enter an actual Update/Discharge Time, be sure to assign times that are later than the Service Start Time (on the Admission Document) or the most recent Service Update Time of Day.
	Update/Discharge Type	For the Annual review, select Update. If client has discontinued services, select Discharge. *Note*: Select Discharge to end an episode when a client is admitted to State Psychiatric Inpatient.
	Update/Discharge Reason	*Note*: When Update is selected for Update/Discharge Type, this field will automatically populate as "Not applicable." For Discharges, select the reason for discharge: • **Treatment Completed** – Substantially all parts of the treatment plan or program were completed. • **Dropped Out of Treatment** – Individual chose not to complete treatment program. Includes individuals who drop out of treatment for unknown reasons, individuals with whom

		contact has been lost, individuals who fail to return from leave (i.e. AWOL), and individuals who have not attended for some time as identified by state guidelines. • **Terminated by Facility** – Treatment terminated by action of the treatment facility, generally because of non-compliance with treatment or violation of rules, laws, policies, or procedures. • **Transferring to Another Program or Facility/ Completed Level of Care** – Individual will transfer to another level of care, program, provider, or facility. • **Discharged from State Hospital** – Individual with an open State Psychiatric Hospital Admission is discharged from the state hospital and transferred to an acute medical facility for medical services. • **Incarcerated or Released by Courts** – Individual's treatment is terminated because s/he has been subject to jail, prison, or house confinement or s/he has been released by or to the courts. • **Death** – The death of the individual receiving behavioral health services. • **Other** – Individual transferred or discontinued treatment because of change in life circumstances like aging out of the Children's MH System, extended illness, hospitalization, or placement, or, change of residence out of the PIHP region.
> Full Record Exception	**BH TEDS Full Record Exception**	Use the same drop down selection as was used in the Admission document.
> Demographics	**Living Arrangements**	Update Living Arrangements if necessary. *Note* that this field copies in from the Admission and may have to be changed.
	Arrests in Past 30 Days	Enter the number of separate Arrests in the past 30 days. *Note* that this field copies in from the Admission and may have to be changed.
	I/DD Designation	Identify whether the individual has been evaluated and meets Michigan's Mental Health Code definition of Developmental Disability, regardless of whether or not s/he receives services from the I/DD or MI service arrays. **Not Evaluated is not an option for Update / Discharge records.** For Crisis Only, select Yes only if

		you are confident the individual fits the I/DD Designation criteria; otherwise, select No.
	MI/SED Designation	Identify whether the individual has been evaluated and/or the individual has a DSM 5/ICD10 diagnosis, exclusive of mental retardation, developmental disability, or substance abuse disorder OR if the individual has a Serious Emotional Disturbance. **Not Evaluated is not an option for Update / Discharge records.** For Crisis Only, select Yes if client is experiencing a MH crisis. *Note*: If a client is only enrolled in DD cost centers, this field can be marked "No."
> Substance Use History	**Substance Use History**	Make the same updates as in the Admission document for Substance, Frequency and Preference.

Documents must be marked as Completed in order to be included in the report to MDHHS.