

BH-TEDS Q & A – Updated 09/08/2016

*****NOTE – The Coding Instructions Document may contain more detailed answers to questions specific to response definition and selection than this Q&A Summary.*****

1. Clarification that the State Provider Identifier of CMHSP ID for the MH admission/transfer is the same value expected for that individual on the related encounter file. Thus, the CMH that is the payer (County of Financial Responsibility) should submit the record and their ID is to be utilized. *The CMHSP Provider ID of the county with financial responsibility should report the BH-TEDS and Encounter records.*
2. Where does the providing CMHSP send the BH-TEDS record for COFR clients (those with another county of financial responsibility)? *PIHPs are responsible for submitting their region's BH-TEDS records to MDHHS. It is the PIHP's discretion whether they funnel COFR records through the CMHSPs or other downstream provider or have the providing CMHSP send the record directly to the PIHP. Contact the COFR authorizing the service to find out the specific region's decision.*
3. "Scenarios" document, item 9 states that 2 CMHSPs are providing services and paying, you want to see 2 admission records. "Q&A" document, item 1, states that the CMHSP that is the payer (COFR) should submit the TEDS and the encounters. These seem contradictory. Please consider the scenario of 4 different CMHSPs (from the same and different PIHPs) delivering services to a consumer. All of these CMHSPs are billing once CMH, for example, St Clair CMH as St Clair CMH is the COFR. St Clair CMH is not providing any direct services. St Clair CMH will be the only organization reporting encounters as they are the COFR. As far as state is concerned, consumer is admitted to St Clair CMH and St Clair CMH is the "CMHSP delivering services", even though all of those services were subcontracted to other providers (which happen to be CMHSPs). Please confirm and verify that only 1 TEDS record would be expected in this case and it would be coming from St Clair CMH. If not, please explain who and how should report TEDS in this scenario. *In the COFR situation described, only one CMHSP (St. Clair for the example given) would report the BH-TEDS and Encounter Records. Over 99% of the time, there will be one BH-TEDS record and one CMHSP identified in encounters; however, there are some scenarios that require there to be two. Per feedback from the field and confirmation by MDCH, this is currently being done in a very small number of instances, so we added the ability to have two opened concurrently to accommodate and attempt to be exhaustive of all payer arrangement possibilities.*
4. Are DD Proxy and Health Measures being terminated? If so, will you be relying on SIS data to inform the Medicaid re-basing process? Will the proxy measures be eliminated from DCH's Annual Submission Report (aka PPGs)? Will they be removed from DCH's Annual Submission Report? *Due to Milliman utilizing the DD Proxy Measures for the rate model they are developing and the 3-year-roll-out of the SIS, DD Proxy measures will still need to be collected for all I/DD individuals served for the next few years. Since it is only expected to be for the short-term, they will NOT be incorporated into BH-TEDS. Instead, beginning in FY16, the DD Proxy Measures will be reported via*

a stripped down version of the QI which will be submitted to the Data Warehouse. DCH will provide file format for this once it is ironed out with the Warehouse. The Health Proxy measures will not be collected in BH-TEDS and we do not intend to use the mini-QI file for them. We are not aware of any changes to the Annual Submission/Needs Assessments document. Questions regarding this should be directed to Kendra Binkley at BinkleyK@Michigan.gov.

5. Can we have mapping documents for fields that are currently in existence, but additional or fewer options for the value list?

This is not available.

6. Will our historical admission dates (remain) be allowed to be reported when we start the new BH-TEDS records on 10/1/15?

MH: For clients opened prior to 10/01/15, the first post 09/30/15 annual assessment or State Psychiatric Hospital admission will be the individual's BH-TEDS Service Start date.

SUD: For all cases except open methadone cases, the first post 09/30/15 admission will be the individual's BH-TEDS Service Start date. Methadone cases will have an honorary BH-TEDS Service Start record added with the original admission date as the BH-TEDS Start date

7. For an SUD client who started services prior to 10/1/15, the first BH-TEDS record sent will be an update (not admission), correct?

a. Updates cannot be sent unless a Service Start (admission) record is in BH-TEDS. So, every initial BH-TEDS submission will be a Service Start Record.

b. SUD does not currently have an update option.

c. For SUD specifically:

*a. Individuals open prior to 10/01/15 **not** receiving methadone services will have an open-ended Admission in SUD-TEDS that is not required to be discharged in SUD-TEDS. Their first BH-TEDS submission will be a Service Start Record at their first post 09/30/15 admission.*

b. Individuals open prior to 10/01/15 receiving methadone services will have an open-ended Admission in SUD-TEDS that is not required to be discharged in SUD-TEDS. Their first BH-TEDS submission will be a Service Start Record that is created from the information in their SUD-TEDS record and will have that original SUD-TEDS admission date as their BH-TEDS Service Start Date.

8. Should PIHPs report the same data on the new admission as was reported on the original admission? A process similar to what we did last fall for the CA transition to the PIHPs.

The first Service Start Record for MH, SUD-Non-methadone, and SUD-Methadone individuals will be submitted according to the timeline outlined in the Question #6 response. That first M record will describe the individual on the date of the annual assessment or psychiatric hospital admission.

Similarly, the first A record submitted for Non-methadone SUD individuals will describe the individual on that first post-09/30/15 new admission date. In contrast, the first A record for open

Methadone-SUD individuals will contain data reflecting original SUD-TEDS records submitted on the original admission date.

9. If we serve a consumer on Oct 5 and then decide to close them, should we send a MH End Record? *If the individual was 'opened' pre-10/01/15, you would send no record at closure. If the individual was opened 10/01/15 or later, you would send an E record to close the M record you should have opened at Service Start. If the 1st and last dates of service are 10/05/15, you would send an M and an E record for 10/05/15.*

10. Please define "delete" versus "erase" versus "change"

*Use **change** to modify a non-key field of a record previously submitted & accepted into the state's database.*

*Use **delete** to delete a record previously submitted & accepted into the state's database. Note: when a key field needs to be corrected, the original accepted record must be deleted and then a new record, with the corrections in it, added.*

*Use **Erase** to erase an error from the error master without attempting to make any changes to the actual record in the database.*

Refer to pdf flowchart titled BH-TEDS Error Logic provided by Phil for more detail.

11. Is it acceptable to send an "Update" event record (with more information) instead of the "Change" record to the original admission? I think the clinical process may much better lend itself to creating new TEDS "Update" record, instead of having clinicians figure out a way to change the original "Admit" record that they didn't create.

*If the value of the field changed since Service Start Date, then yes, an Update could be submitted. If the data should have been different from the beginning of the service, you have the option of sending a Change record or a Delete the original record and submit an Add of the 'corrected' record. If the record has not been sent to MDCH, the clinician can update the fields in the PIHP system and it would be included in the Initial Service Start record submitted to MDCH. In this scenario, a C is a T1 record, when you send a U, it's a T2 record. All U records are second point-in-time records. Accordingly, **all** fields must reflect what's true about the individual on that 2nd point in time.*

12. Can "Change" record be sent for an "M" record, if there was a "U" or "E" record already submitted for that episode?

Yes if the field being changed is NOT a key field. The system will match the change to the appropriate record based on key field fields and change the original record submitted. If a key field needs to be changed, the Delete & Add option must be used.

13. When submitting a change record, do you submit a C record with values only the key fields and the fields you want 'changed' or do you submit a whole record with the original values in the fields you

don't want changed and new values in the fields you want changed causing it to replace the record already in the database that has the matching key fields?

The record must pass all the edits and the record must always be complete. So, the original, valid values need to be included with the changed values. In other words, make the needed changes and keep the rest as is so they will pass all edits again.

14. Can "Delete" record be sent for an "M" record, if there was a "U" or "E" record already submitted for that episode?

In a word 'yes', but it depends on the situation. For example, you can 'delete' an M record and 'add' a new one without going through all of the layers as long as you are not changing a key field. If you are changing a key field, it will be necessary to delete & re-add the affected "U" or "E" records as well as fields need to sync to the proper Service Start (admission) Record. because the system will not allow you orphan a "U" or "E".

15. Could you please walk through the scenario of "SSN" or "Admit Date" (key fields) changing on an admission that had an "M" (start) and "U" records already sent? Can admission adds and deletes be sent in the same file?

Since SSN and Admit Dates are key fields, you would have to delete the record that was submitted and accepted, and then submit a new M to replace it. Since the U records are dependent on the SSN and Admit Date on the M record, the U record would have to be deleted and a new U submitted with the correct information. The system will put the records in reverse-chronological order, so if you send the Deletes and Ms or deletes and Us in the same batch, the MDHHS system will re-order and delete then add the appropriate records in sequence.

16. When a client has multiple consecutive BH-TEDS episodes and the first episode is submitted after the last episode, the first episode is rejected as "ESM008: System Transaction Type equals A and Type of Treatment Service Setting is NOT 72 and client is already in admitted status at this State Provider Identifier" even if the episodes don't in fact overlap. I understand we cannot have two episodes open at a time (except State Psych Hosp) and the error seems to be based on the assumption that our episodes will overlap; however, the Discharge Date of the earlier episode is before the Admit Date of the next episode, so there would be no overlap.

Since the system processes items in chronological order, when it is processing the retro-admit, it has no way of 'knowing' that you are going to send (have sent) a discharge record that will end the episode before the accepted admission begins. When this type of situation occurs, delete the accepted admission (and discharge if there is one), then submit the earlier admission and discharge followed by the resubmission of the deleted admission (and discharge if there is one).

17. Has the 95% reporting of minimum wage yes/no reporting requirement been eliminated in BH-TEDS?

No. It continues in column 112-113 in BH-TEDS.

18. Is there room for non-100% completion in circumstances such as crisis-only, assessment only, co-located only services, jail diversion screenings, individuals hospitalized after pre-screening and choose not to participate in CMH services at discharge?

*“Not collected at this co-location service” and “not collected for this crisis-only service” responses have been added to the following non-NOMS fields: Pregnant at start date of services; Mainstream Special Education Status; Education; School Attendance; Marital Status; Veteran Status; Minimum Wage; Annual Income; Number of Dependents; Corrections-related Status; **LOCUS Composite Score; Work/Task Hours; Earning per Hour**. Place of service reported in encounters will be used to verify co-located services. Only one encounter is expected for a ‘crisis only’ service.*

19. The list of “Payer IDs” listed on the file spec contains only CHAMPS PIHP identifiers for SUD:

| PIHP SUD Payer IDs | |
|---------------------------|--------------------------------------|
| 1182841 | Salvation Army-Harbor Light |
| 2813621 | NorthCare Network |
| 2813628 | Northern MI Regional Entity |
| 2813626 | Lakeshore Regional Entity |
| 2813623 | Southwest Michigan Behavioral Health |
| 2813625 | Mid-State Health Network |
| 2813627 | CMH Partnership of SE MI |
| 2813629 | Detroit Wayne MH Authority |
| 1183015 | Oakland County CMH Authority |
| 1183006 | Macomb County CMH Services |
| 2813624 | Region 10 |

Does it mean that only 1 ID will be used after 10/01/15 or will there be different Payer IDs for MH BH-TEDS records?

There will be one & only one Payer ID. We have selected to use the codes in the chart which are the same as the codes currently being used for SUD-TEDS.

20. Since “There will be one & only one Payer ID...currently being used for SUD-TEDS.”, does it mean that starting with 10/01, the PIHP Other Payer Loop on MH encounters will change from current value to the new set of values?

No, the current mental health Payer IDs will remain the same on the Other Payer Loop on the mental health 837 encounter.

If not, wouldn't CHAMPS have issues linking encounters to 'eligibility' file (Behavioral Health Registry file) that will be established by BH-TEDS?

Nothing will need to change with MH encounters. There will be no issues with CHAMPS and the Behavioral Health Registry File. The BH-TEDS-CHAMPS interface will use the DEG Mailbox IDs and not any CHAMPS Payer IDs to identify the submitter.

| Submitter IDs for BH Registry File | | |
|---|--------------------------------|------|
| 1 | NorthCare Network | 0101 |
| 2 | NMRE | 0108 |
| 3 | LRE | 00ZI |
| 4 | SWMBH | 0102 |
| 5 | Mid State Health Network | 0107 |
| 6 | CMH Partnership of SE Michigan | 00XT |
| 7 | Detroit-Wayne MHA | 00XH |
| 8 | Oakland | 0058 |
| 9 | Macomb | 00GX |
| 10 | Region 10 | 0109 |

21. What if someone doesn't have or refuses to provide a Social Security Number?
Value 999999997 has been added for 'refused to provide' and 999999998 has been added for 'N/A – Individual does not have a social security number'.

22. Is "Days Waiting to Enter Treatment" self-report or PIHP calculated?
*"Days Waiting to Enter Treatment" has been re-named "**Time to Treatment**". It is a federal requirement measuring the number of days between the date the individual first contacted your agency and the date of his/her first face-to-face billable service. It is **not** the performance indicator. The performance indicator will continue to be calculated and reported separately utilizing the same definitions that are currently in place.*

23. What should be used for 'Time to Treatment' A013 for MH individuals admitted prior to 10/01/2015?
Since there is no wait involved in updating an open treatment, zero (0) should be reported.

24. Is referral Source self-report? If it is, how should the situation be handled where the CMHSP/PIHP knows the referral source and it's inconsistent with self-report.
It is self-report. The PIHP should ascertain the actual, true referral source. Referral Source answers the question "Who directed you to this program?"

25. What is reported for income and dependents if ATP is not calculated?
MDHHS has permitted non-calculation of ATP for individuals who are Medicaid eligible and receiving only mental health non-residential services as these individuals, by definition, have a \$0 ATP. If an individual meets this criteria (is Medicaid eligible AND is only receiving mental health non-residential services) and the ATP is not calculated, enter the income and number of dependents as self-reported by the individual (documentation not required). If the individual meeting this non-

ATP calculation exception refuses to provide the information, enter \$0 for income and 1 for dependent.

26. What level of agency involvement is required to constitute a detailed criminal justice referral?
A Referral Source of 07 Criminal Justice Referral requires the detailed criminal justice referral field to be completed. 07 is selected as the referral source when a criminal justice agency directs the individual to treatment.
27. What Corrections Related Status should be used for NGRI, IST, Mental Health Court-Adult and Mental Health Court-Juvenile?
Individuals found incompetent to stand trial (IST) or not guilty by reason of insanity (NGRI) have a corrections status of 11 – Not under the jurisdiction of corrections or law enforcement program. Individuals involved with an adult or juvenile Mental Health Court have a corrections status of 9 – Post-booking diversion.
28. We need to document ... but BH-TEDS doesn't seem to have a place to accommodate that. What should we do?
Agencies are always free to collect whatever documentation they deem necessary. If it is information not included in BH-TEDS, simply keep the information in-house and do not submit it with your BH-TEDS files.
29. What is meant by “Residential treatment Center”? When would it be used instead of “State Mental Health Agency funded/operated Community-Based Program”? Should individuals receiving services in a specialized residential setting (group home) be a 73 or 74?
Per Federal definitions, a residential treatment center (74) is an organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care. They are not community based programs. State Mental Health...Program (73) includes community mental health centers, outpatient clinics, partial care organizations, PACT programs, consumer run programs, and all community support programs (CSP). A specialized residential setting (group home) is a community-based program (73).
30. ICOs are requiring the Medicaid ID be reported in the Medicare ID position in encounters, should the Medicaid ID then be reported in the Medicare ID field in BH-TEDS?
No, the Medicare ID should be reported in the Medicare ID field.
31. Are we expected to report BH-TEDS records for individuals enrolled in the Dual-Eligible (Medicare/Medicaid) project?
Yes, except when stipulated otherwise in the MDHHS-PIHP Contract.
32. In looking for a definition of what “Codependent/Collateral Person Served” is, I ran across this:
<http://www.samhsa.gov/data/sites/default/files/WebTEDSNational2010/TEDS2010NAppB.h>

tm. It looks like this field is only applicable to SUD. Is that correct (and 'field requirements' has a mistake)? If not, what's the definition of it for BH-TEDS purposes?

Yes, codependent/collateral person served is an SUD concept. It is required that you answer it in BH-TEDS in that, if the individual is a mental health client, "2 – Client" would be selected.

33. Should Attendance at Self-help Groups in Past 30 Days apply to both MH and SA self-help groups?

No. The SAMHSA's definition of Self-help group pertains to SA only. To make it clearer, the field label has been changed to "Attendance at Substance Use or Co-dependent Self-help Groups..."

Mental Health records (M, U, E) for non-co-occurring, integrated treatment individuals should report 98 – Not collected.

34. I/DD Designation – Are these episodes at any treatment provider or just the one currently providing the service? How is an "episode" defined? Is this self-report?

There is one M record for the PIHP that includes all designations for which the individual is currently receiving services, regardless of individual provider. The designation(s) selected on a U, E or D record may be different than that on the M or A record. An episode is defined as the period of service between the beginning of a treatment services and the termination of services prescribed in the treatment plan.

35. A detailed question regarding the file spec: If MI/SED designation = "2", what values are valid for "Detailed SMI/SED Status"? Can it be "7" or "4", or just "4"? Similarly, if MI/SED designation = "1", which values are valid for "Detailed SMI/SED Status" (we are not sure about "7").

If MI/SED designation = "1", "Detailed SMI/SED Status" could be any of the values listed except 7 because if you're saying they 'are' then been evaluated by a licensed clinician operating within his/her scope of practice. SMI only applies to adults 18 and older while SED only applies to children under 18 years of age. If the individual has MI but not is not SMI or SED, 4 would be used. If MI/SED designation = "2" responses can be 4 or 7.

36. What is meant by "at risk of SED"?

This response was determined optional by SAMHSA; hence, it has been removed from the selection of responses for A018 and DU018 Detailed SMI/SED Status.

37. Is gender the individual's perceived gender? How are other genders handled?

It is the gender the person considers him/herself. However, if the individual is pregnant, female must be selected regardless of perceived gender.

38. Race codes as defined in BH-TEDS are missing a value that is required by §170.207(f) MU/CMS standard – specifically "Native Hawaiian or Other Pacific Islander" is missing from the list. Each MU certified system is required to keep track of this race. Can this value be added to the list? It seems to be part of most various federal data sets, from what I could tell.

That was my error. Thank you for bringing it to my attention. Native Hawaiian or Other Pacific Islander has been added to the list with a code of 23.

39. What grades/levels of schooling is School Attendance Status applicable?
*Select Yes or No for all school-age children, 3-17 years old as well as individuals 00-02 and 18-26 protected by State of Michigan Special Education law. **Select 6-Not applicable for all individuals older than 26 as well as individuals 00-02 and 18-26 NOT protected by State of Michigan Special Education law.** Grade/levels include everything from nursery through non-college trade/vocational school. Home-schooling is considered attending school.*
40. Can tobacco and caffeine be reported as a substance of abuse for mental health individuals reporting it as a problem for them?
*For M, U, and E records, tobacco and caffeine may be recorded as 20 – Other drugs. Clarifications by SAMHSA/Synectics require these **not be reported** in the Substance Use Drug grid as neither tobacco nor caffeine are allowable drugs involved in SUD treatment at any level; hence, they should never be reported on A or D records. As always, you can collect this field in your individual systems, but do not report it in the BH-TEDS upload.*
41. There is a field called Medication-assisted Opioid Therapy on the Admission, with response options of Y/N/NA. Is it expected that only a licensed Methadone provider should select “Yes”? Or if a non-Methadone provider (like the CMH) knows that the client is getting Medication-assisted Opioid treatment somewhere else, should they select Yes?
N/A must be selected for all individuals who have NO primary, secondary, OR tertiary substance use problem of 05-Heroin, 06-Non-prescription methadone, or 07-Other Opiates and Synthetics. If and individual has an opioid identified as primary, secondary, OR tertiary substance use problem, Y or N must be selected. Select Y if methadone, buprenorphine, vivotrol, suboxone, or naltrexone is being used, regardless of whether it is prescribed or dispensed by the provider completing the BH-TEDS record.
42. What is MDCH’s definition of “integrated treatment”? If a client seen at a CMH attends a smoking cessation group, is that “integrated treatment”? How about if a CMH client’s IPOS includes an outcome “will attend AA meetings regularly in the community”?
*Integrated treatment occurs when an individual receives MH and SU services managed by a single entity under an integrated treatment plan **utilizing an evidence-based model.** Further, if it is an A record, the site must have a LARA license endorsement **for Integrated Treatment.** A single goal or action (attend smoking cessation group or AA meetings regularly in the community) in itself does not make it integrated treatment.*
43. When submitting an M record with Integrated Treatment = ‘Yes’, what is expected for encounters?
*If Integrated Treatment is ‘Yes’, MDCH would expect encounters that address the treatment plan. If it is an A record, encounters with the HH modifier should be used. **If it is an M record, encounters with the TG modifier should be used.***

44. If an individual begins treatment that is non-integrated (only MH goals or only SA goals), what do we do when they change over to integrated service? What about integrated to non-integrated? *Since the federal specs and Michigan's current file specs have Integrated Treatment as a field on the T1 (Service Start Records) only, the individual's non-integrated episode will end (D or E) and a new episode (A or M) will begin on the date the individual's plan and treatment team become integrated. Similarly, if integrated treatment moves to a non-integrated plan, the integrated episode will end (D or E) and an integrated episode (A or M) will begin.*

45. *The federal requirements have expanded the scope of Michigan's Integrated Treatment field to include co-occurring data. The responses now include options to report whether an individual 1-has co-occurring substance use and mental health problems being with an integrated treatment plan by an integrated team; 2-does not have co-occurring substance use and mental health problems; or 3-has co-occurring substance use and mental health problems NOT currently receiving integrated treatment. If 1 or 3 are reported (the individual has co-occurring substance use and mental health problems), there must be at least a primary substance use other than '01-None' identified, an SUD diagnosis, a primary mental health diagnosis reported.*

46. When submitting an M record with Integrated Treatment = 'Yes', should the client be included in the MI row for PI indicators?
Yes

47. Can the diagnosis fields be changed to match the Meaningful Use problem list format as the proposed format limits us to 3 MI/DD diagnoses when they currently have four, and, SUD clients could have multiple SUD diagnoses.
The diagnosis fields are federally required the way they are formatted in the specifications. PIHPs are welcome to add additional diagnoses in their systems if beneficial to them; however, only up to 3 MI/I/DD and up to 1 SU diagnosis should be reported via TEDS. I will continue to raise this concern with the Feds.

48. Is there any correlation between the diagnosis on the encounters and the one in BH-TEDS?
BH-TEDS records are a point in time record about the person. Diagnoses on the actual encounters are more a description about the reason for the service. Hence, diagnosis on the BH-TEDS record may or may not be the same on a particular encounter.

49. Can "not applicable" be added as an option to Substance Use Diagnosis?
The federal responses do not include a not applicable option for this field.

50. What amount constitutes competitive (minimum) wage?
Minimum wage in the State of Michigan minimum is defined by Public Act 138 of 2014, the Workforce Opportunity Wage Act. Currently, it is:

- **\$8.50** = minimum hourly wage
- **\$3.23** = tipped employee hourly wage rate

- \$4.25 = training wage for first 90 days of employment of individuals 16-19 years of age
- \$7.25 = minors' (16-17 years old) minimum hourly wage

In January, 2017, Michigan's minimum wage will change to:

- \$8.90 = minimum hourly wage
- \$3.38 = tipped employee hourly wage rate
- \$4.25 = training wage for first 90 days of employment of individuals 16-19 years of age
- \$7.57 = minors' (16-17 years old) minimum hourly wage

51. Are we to 'recollect' data at update and discharge?

Yes. Since BH-TEDS is a T1-T2 model, the data must be collected for each submission. In cases where an individual stops coming to treatment and the information cannot be recollected, the D or E record should be created using the best information available, which may be from progress notes or other parts of the individual's record. **Instances where individuals receive only one (1) service then discharge, it is acceptable and expected that the admit and discharge records will have the same data for most fields as this essentially is only a T1 situation.**

52. If a consumer is discharged because they're no longer eligible for services, would we select 03 or 07?

| Reason for Service Update/End | Text | 2 | 84 | 85 | Code | Description |
|-------------------------------|------|---|----|----|------|---|
| | | | | | 01 | Treatment completed |
| | | | | | 02 | Dropped out of treatment |
| | | | | | 03 | Terminated by facility |
| | | | | | 04 | Transferred to another treatment program or facility |
| | | | | | 34 | Discharged from state hospital to an acute medical facility for medical services (MH only) |
| | | | | | 05 | Incarcerated or released by or to courts |
| | | | | | 06 | Death |
| | | | | | 07 | Other (includes aging out of children's MH system, extended placement (conditional release), and all other reasons) |
| | | | | | 96 | Not applicable (used for Update records only) |

It depends on why the consumer is "no longer eligible". 03, Terminated by facility, is used when the facility terminates treatment for reasons of non-compliance with treatment or violation of rules, laws, etc. S/he could not be eligible due to incarceration (05), Death (06). If the individual completed all parts of the treatment plan and no longer met medical criteria, 01 is used. If one of the listed reasons is not why s/he is "no longer eligible", then 07, Other, is appropriate.

53. Clarification on how to handle consumers moving from one system to another, for example moving from mental health to SUD back to MH; or moving from MH to psychiatric inpatient to medical hospital back to mental health - specific examples of how to handle these circumstances would be helpful.

- SUD (A) and MH (M) records may be concurrent or sequential. For example, an SUD individual is referred to MH for services. The A record remains unchanged and has its own

D when individual is discharged from LARA licensed program. Meanwhile, an M record is added effective on the first date of MH treatment service. The M record is updated (U) at least annually and has its own end (E) record at the end of treatment.

- *Individuals receiving integrated substance use and mental health treatment at one facility will only have one record: an A (if LARA-licensed) or an M (if non-LARA licensed or MH funded) with all fields required.*
- *A separate M record must be submitted when an individual receiving MH services is admitted to a State Psychiatric Hospital. If the individual remains open at the CMHSP, there would be two (2) concurrent M records. The admission date and time fields are used to join the U and E records with the appropriate admission. The PIHP may opt to handle this situation with consecutive records, Ending the MH service record and Adding a new Service Start record for the State Hospital admission. A separate M record is NOT required when an individual moves to a non-state, community psychiatric hospital.*
- *A separate M record is submitted for each CMHSP providing and paying for services to an individual.*
- *Service updates/ends are not necessarily needed when an individual with an M record is admitted to a medical hospital. Service Updates/Ends are dependent on MH activity.*

54. If an individual open for Mental Health Services goes into a Crisis Residential setting, does s/he need a separate BH-TEDS for that admission/discharge like required for State Inpatient Psych Hospital admissions?

No as separate BH-TEDS is not required in this case as there are no 'special' questions related to Crisis Residential setting as there is for State Hospital Inpatient.

55. What about Crisis Residential Settings "Scenarios" document, item 6a implies that we can send multiple admissions for the same Payer ID/State Provider ID/Consumer ID with different "Type of Treatment" categories (multiple MH admissions open at the same time). Is that true?

Yes, as long as the records are for different Service Settings. It is always false for SUD records. It is true for MH records where one of the service categories is 72-State Psychiatric Hospital. It is false for all other MH records. If your agency encounters a situation where you believe the concurrent admission is necessary, please contact a member of the BH-TEDS team for resolution (Carol Hyso @ hysoc@michigan.gov or Phil Chvojka @ ChvojkaP@michigan.gov).

56. When must a BH-TEDS record be submitted?

A BH-TED record is required whenever an episode is funded in whole or part with MDHHS administered funds, with the exception of: Prevention services, OBRA Screening/Assessment-only, H0002-only Brief screenings, and continuity of care with a non-contracted provider.

The timeline for submitting BH-TEDS records:

- *First BH-TEDS record for FY16 must be submitted by the 10th of the month following the sooner of: admission to an SUD LARA-licensed program (A) or MH-program (M) OR the annual assessment of an individual receiving MH services prior to 10/01/2015.*
- *For SUD, end records (D) must be submitted the sooner of: when an individual leaves/discharges from the LARA-Licensed to which s/he was admitted OR the individual's IPOS changes from non-integrated to integrated (or vice versa).*
- *For Mental Health, update (U) records must be submitted at least annually, by the 10th of the month following the individual's annual assessment. For individuals with HAB-waiver,*

the U record is required earlier (in August of the FY) for each individual whose detailed living arrangement in BH-TEDS does not reflect that in the WSA program at the time of the annual reconciliation.

- *For Mental Health, end records (E) must be submitted at the sooner of when an individual leaves/discharges from MH services OR the individual's IPOS changes from non-integrated to integrated (or vice-versa)*
- *State hospital admissions require their own admission (M) and discharge (E) records.*

57. *If there are changes mid-year for things like living arrangements or employment, is it expected/required that we send update records for the month we learn of the change? No, it is not expected that PIHPs send an update every time they become aware of a change in status of a BH-TEDS field. The annual update is all that is required. That said, if a PHIP wishes to submit more frequent updates, they may do so; however, remember all fields reported on the update must be current as of the date of the update. Also worth considering, since BH-TEDS is a T1-T2 outcomes comparison model, overly frequent updates may cloud the outcomes analysis of the data. Reminder: Residential settings are expected to be current in Mid-August of each year for the reconciliation, so HSW annual updates may need to be scheduled around that time.*

58. *We use the H0002 for our eligibility screening, but it looks like this code does not require a BH-TEDS record, is this correct? If so, does this mean we do not have to complete a BH-TEDS for clients that are not eligible? What would the service start date be? BH-TEDS submission requirements have not changed. We prefer BH-TEDS for all services paid in full or part by MDHHS Administered funds; however, the exception has been made for the brief screening (H0002) as well as OBRA assessments, prevention, etc.. For continuing clients, if a full assessment is completed after the H0002, that face-to-face full assessment would be the first date of service. If the H0002 acts as an assessment, then the first date of service for continuing individuals would be that date of the H002 and a BH-TEDS record would be required as of that date of service.*

59. *Are BH-TEDS records required for individuals receiving Assessment-Only H0031s? Yes. These individuals would have a start and end record with service start date=service end date and essentially all answers are the same as nothing has happened during that single service to change where the individual is in their life.*

60. *What discharge reason do we use for an assessment only BH-TEDS record? Again, it depends on why the individual is not going on. If it is determined the assessment was all that is needed clinically, then 01-Treatment completed would be used. On the other hand, if treatment is clinically indicated but the individual declines, 02-Dropped out of treatment would be more appropriate. If the individual is referred out for MH services 04-Transferring would be most appropriate.*

61. *We are the responsible payer for local inpatient hospital stays for clients that were never seen by the CMH but the CMH is the responsible payer. Are we required to submit a BH-TEDS record for these individuals or is this an exception as well? A BH-TEDS record is required in this instance; however, we know this information is often difficult to get. We would hope you try and get the information for the BH-TEDS, but the inability to get some in would be part of the allowed 5% variance of folks with encounters but no BH-TEDS record.*

62. My understanding is that if someone was approved for and getting services from a CMH contracted SUD provider, a BH-TEDS should be done by the SUD provider. Would the crisis team need to do a separate BH-TEDS with an individual who is currently getting services from that SUD provider? Ideally, you would not; however, the PIHP may require it as part of their method of tracking funding buckets paying for services.

63. If more than 12 months have passed since a BH-TEDS record was accepted in CHAMPS for a client, can we still send encounters or will we see an error that no encounters can be accepted because the BH-TEDS record is more than 12 months old?

BH-TEDS has been divorced from the CHAMPS eligibility system. A new, separate file, the BH-Registry File, will be utilized to register folks in CHAMPS before submitting encounter files. Information regarding this file can be found in the Reporting Requirements of the MDHHS website, directly under the BH-TEDS documents. Verification of the required annual BH-TEDS updates will be done through an auditing system, much like it is now.

64. Can we send a BH-TEDS record every month, even if nothing has changed? Can we send a BH-TEDS record each time there is ANY change on any of the fields?

Remember, BH-TEDS is a Time 1 – Time 2 system. PIHPs should not send monthly files when nothing has changed because it will clog the system with data showing no changes/improvement, undermining the purpose and analysis potential of the system. MDCH is setting the floor of when records must be submitted. PIHPs may submit additional files, if they wish, when ANY change occurs as long as all of the responses reflect the individual's status on the date of the record. For example, if a PIHP wants to send an update record for an individual who moved (changed living arrangement) on 11/15/15. All fields on that update record must reflect the individual's status (employment status, arrests in last 30 days, etc.) on 11/15/15.

65. Is there any other documentation available that would define any additional edits that will be performed? Currently (in SUD world), there were requirements and dependencies between 'primary substance' and 'primary Dx code', and within various 'substance' related fields. Or can we assume there won't be any other edits related to BH-TEDS, other than the enforcement of required fields?

There will be dependency edits in BH-TEDS, but I don't think as many as are currently in SUD-TEDS. We are working with DTMB now to establish those edits. I would say starting with the current SUD edits is a safe place to start.

07/31/15 update: I have forwarded the work-in-process error list document to the field via email to the EDIT and the CIO Forum workgroups. Final error code documentation will be posted to the BH-TEDS portion of the MDHHS website as soon as they are available.

The validation edits for FY16 are posted on the BH-TEDS portion of the Reporting Requirements Screen of the MDHHS-BHDDA Website. It is titled BH-TEDS Error Description (8-21-2016). We are currently working on validations for the new fields for FY17 and I will post and email the file as soon as it is completed.

66. When are the FY17 specifications effective?

The FY17 specifications must be utilized for all records with a start/update/end date on or after 10/01/2016. Since PIHPs contractually have until the end of the following month to submit data, the programming cross-over at MDHHS will not occur until somewhere between 11/01/2016 and 11/15/2016. We will send out notification of the hard cross-over date as soon as it is available to

us. All records submitted prior to the hard cross-over must be in the FY16 format and only contain records with start/update/end dates prior to 10/01/2016.

67. If we have records that need to be submitted because they were collected before 10/01/16, what is the last date that we need to have those submitted for FY2016?

In the FY16 format, records must be submitted by the hard cross-over date in the beginning of November 2016; however, you may submit FY16 records after that date as long as they are in the FY17 format. "Not applicable to this FY16 record submitted in FY17" options have been added to all of the new fields to accommodate this. Somewhere around the beginning of December 2016, the database at the state level will be 'frozen'. Again, specific dates will be announced once they are known. The 'frozen' database is what MDHHS will utilize for all FY16 reporting. You may continue to add FY16 records after this date, but they will not be reflected in any reports/analysis/etc. completed by MDHHS.