

FY2021 BH-TEDS Training

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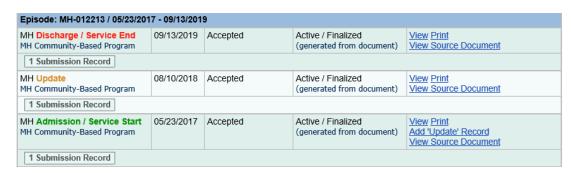
Updated: October 1, 2020

Saginaw County Community Mental Health Authority



What is BH-TEDS?

- Behavioral Health Treatment Episode Data Set (60+ data fields)
- Point-in-Time Snapshots



 Combines SUD & MH Treatment into a single national model for evaluation of consumer outcomes (e.g. increased/retained employment or education, decreased criminal justice involvement, increased stability in housing).



BH-TEDS Data Fields

Unique PIHP Person Identifier

Social Security Number

Medicaid ID MIChild ID

SDA, SSI, SSDI Enrolled

Service Start Date

Service Start Time of Day

Time to Treatment Referral Source

Detailed Criminal Justice Referral Type of Treatment Service Setting

Co-dependent/Collateral Person Served

I/DD Designation
MI/SED Designation

Detailed SMI/SED Status

Prior Treatment Episode

Date of Birth Gender

Pregnant on Service Start Date

County of Residence

Race

Hispanic or Latino Ethnicity

Currently in Mainstream Special Education Status

Education

School Attendance Status

Marital Status
Veteran Status

veteran Status

Employment Status

Detailed Not in Competitive, Integrated Labor Force

Minimum Wage

Work/Task Hours

Earnings Per Hour

Total Annual Income

Number of Dependents

Primary, Secondary, Tertiary Substance Use Problem

Primary, Secondary, Tertiary Route of Administration

Primary, Secondary, Tertiary Frequency of Use

Primary, Secondary, Tertiary Age at First Use

Medication-assisted Opioid Therapy

Co-occurring Disorder/Integrated SU and MH Treatment

Living Arrangements

Detailed Residential Care Living Arrangement

Arrests in Past 30 Days

Corrections Related Status

Attendance at SUD Self-help Groups in Past 30 Days

LOCUS Composite Score

LOCUS Assessment Date

Diagnostic Code Set Identifier

Substance Use Diagnosis

MH Diagnostic Code One, Two, Three

Legal Status at Admission to State Hospital

Most Recent Military Service Era

Branch Served In

Client/Family Military Service

Individual/Family connected to VA or other supported

services

Full BH-TEDS Record Exception

Service Update/End Date

Service Update/End Time

Reason for Service Update/End

Type of Update/Ending Treatment Service Setting



Requirements

- BH-TEDS records are required for all consumers receiving a face-to-face, billable service.
 - Rate Setting, Reimbursement, Funding
- Exceptions
 - Eligibility Assessment/Brief Screening (H0002)
 - OBRA/PASARR Assessments & Evaluations



Episode of Care

- A BH-TEDS Episode of Care (EOC) begins with entrance to CMHSP services and ends when an individual completely terminates services at the CMHSP.
- An EOC is not specific to an agency provider or team.
- An annual update is required if the EOC is longer than one year.
- Only one EOC can be open at a time.



2 Types of BH-TEDS Records

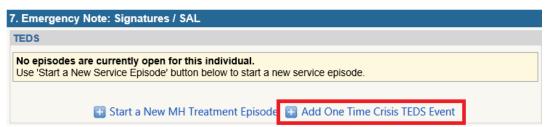
MH Treatment Episode

- 1. Admission/Service Start
- 2. Update (annual)
- 3. Discharge/Service End

Q Record

1. Crisis Only Event







Q Records / Crisis Only

- Only required when no open BH-TEDS episode of care already exists.
- Q Records are used to capture a single-point-in-time
 Crisis Only event.
- There is no Service End/Discharge record.
- H2011 & T1023 (not H0018).
- Only one Q Record on any given date.



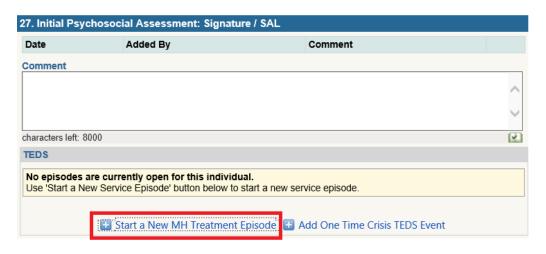
Pre-Admission Screening

- Inpatient Hospitalization T1023
 - If the disposition is "Diversion/Alternative Services Plan" complete a Q Record when no open BH-TEDS episode already exists.
 - If the disposition is "Admission Plan" complete an Admission/Service Start record(with a Service Start Date/Time that includes the T1023) when no open BH-TEDS episode already exists.
 - NOTE: No "Crisis only not collected" responses would be allowed in this case.



Admission/ Service Start Record

- Required to start an Episode of Care.
- Typically done by SCCMHA Central Access & Intake staff when an individual begins CMH services.





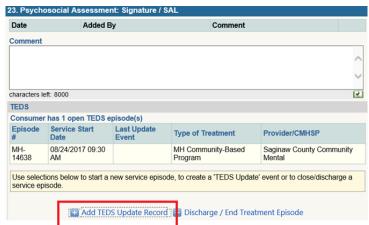
Update Record

 Required at least annually to provide an update of the individual's status.

Change Consumer Information

- Additional Update Records should only be done if something significant changes with the consumer's status, e.g. female becomes pregnant.
- Consumer Information in the consumer chart should be updated as often as it changes.

 Demographics/Financial View Consumer Information





Discharge/ Service End Record

- Required to end an Episode of Care when an individual completely terminates MH services.
 - An Episode of Care should not be ended when a consumer transfers to another team or provider within the network.
 - If an individual does not formerly discharge (i.e. stops showing), do a Discharge/Service End record when no MH services have taken place for 60 days.





Stand Alones

- BH-TEDS records should be generated via a Sentri document, i.e., assessment, emergency note, prescreening, discharge summary.
- Completing a BH-TEDS via clinical document is easier, saves time, and is more accurate.
- Stand Alones should only be done in special circumstances such as when a consumer returns to on-going services within 90 days of discharge, Wraparound cases, and COFR.



General Guidelines

- Useful and informative responses is the goal.
- Choose the best answer among the choices available.
- Answers are a self-report; however, staff should ascertain and report actual, true data when it is known to differ from what the individual reported.
- Supervisors should not sign a Sentri document such as a Psychosocial Assessment or Discharge Summary before verifying that the BH-TEDS fields have been completed in their entirety.



Type of Treatment Service Setting

(page 24)

- **Setting** in which the client is in at the time of Service Start, Update, and Service End.
 - 1. <u>MH Community-Based Program</u> MH services in mental health centers, specialized residential, SIPs, outpatient clinics, partial hospitalization programs, consumer-run programs, and all community support programs.
 - 2. <u>State Psychiatric Hospital</u> MH services in state-operated hospitals that provide inpatient care to individuals with mental illnesses.
 - 3. <u>Other Psychiatric Inpatient</u> MH services in private or medical settings licensed and/or contracted through the State Mental Health Authority (MDHHS).



Prior Treatment Episodes

(page 30)

 How many times has the individual tried to address the problem?

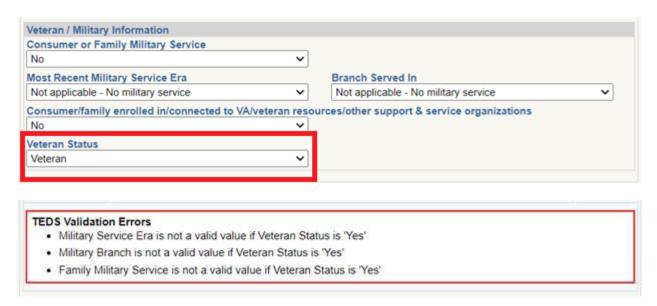
In other words, how many prior BH-TEDS Episodes of Care are in the system?





New in FY2021

If a consumer is a Veteran, the Consumer or Family Military Service, Most Recent Military Service Era, Branch Served In, and Consumer/family enrolled in/connected to VA/veteran resources/other support & service organizations must be completed and cannot be Not Collected (crisis only, unknown, other exception etc.) for all Admission/Service Start Records.





Employment Status

(page 45)

- Unemployed has looked for work in the past 30 days or is on layoff from a job.
- Not in Competitive Integrated Labor Force 1) not looked for work in past 30 days, 2) disability symptoms prevent working,
 3) primarily a student, homemaker, retired, or inmate.
- Full-Time Competitive Integrated Employment working 35 hours or more per week where majority of employees are not persons with disabilities. Includes self-employed.
- Part-Time Competitive Integrated Employment working less than 35 hours per week where majority of employees are not persons with disabilities. Includes self-employed.



Work / Task Hours

(page 50)

- The total number of hours in the past 2 weeks that the individual performed work OR tasks specific to the reported Employment Status. (typically 0 – 80 hours)
- Work / Task Hours include:
 - Work
 - Looking for work
 - Student in class and doing homework
 - Sheltered workshop
 - Unpaid volunteering or community service
 - Micro-enterprise/self-employment earning less than minimum wage in nonintegrated setting
 - Enclaves/mobile crews/transitional employment
 - Sheltered non-competitive employment/activity (disability based)
 - Participates in fully-integrated community activities



Earnings per Hour and Minimum Wage

(page 52 & 54)

- Earnings Per Hour
 - Indicates how much the individual earned per hour during the past 2 weeks. Not total earned.
- Minimum Wage
 - The State of Michigan minimum hourly wage has changed from \$9.45 to \$9.65.



Total Annual Income

(page 64)

- Specifies the individual's current Annualized Income utilized in calculating his/her Ability to Pay (ATP).
- If not reporting full or part-time competitive, integrated employment or refuses to provide income, report \$0.
- Children are typically reported on parent(s)' tax return, so typically the total annual income of the parent(s) would be reported; however, in cases where the child's income is used in determining ATP (i.e. Children's Waiver Program, SED Waiver Program) the total annual income would reflect the child's income only.



Number of Dependents

(page 65)

- Specifies the number of dependents utilized in calculating Ability to Pay (ATP).
- When ATP is not calculated or the individual refuses to provide, report 1.
- Children are typically reported on parent(s)' tax return, so typically number of dependents claimed on parent(s)' return would be reported; however, in cases where the child's income is used in determining ATP (i.e. Children's Waiver Program, SED Waiver Program) the number of dependents would be 1.
- The number of dependents should never be zero.



Co-occurring Disorder/ Integrated SUD & MH Treatment

(page 66)

- 1. Yes, client with co-occurring SUD and MH problems is being treated with an integrated treatment plan by an integrated team. Requires 1) MH & SUD goals in TX plan, 2) SUD Diagnosis, and 3) SUD Substances.
- 2. Client with co-occurring substance use and mental health problems is NOT currently receiving integrated treatment *Requires SUD Diagnosis & SUD Substances*)
- 3. 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.

^{*}Certified IDDT teams must answer "Yes" and use HH TG Modifier*



MH BH-TEDS Full Record Exceptions

(page 86)

- Indicates why data was <u>not collected</u> for a specific field(s).
- May only be used sparingly per Federal Reporting Requirements.
- Always try to answer all items first. Answers should be obtained whenever feasible.
- If "Yes, Other" is chosen, the "BH-TEDS Full Record Exception Other Reason" field MUST be completed.
- MUST be answered "NO" on Q Records



Correcting Discharge Validation Errors

- Do <u>not</u> do a "change signed document" on a Psychosocial Assessment to correct a discharge validation error.
- Instead, close the Discharge Summary and go to "Change Consumer Information" in the Demographics/Financial section of the Consumer Chart to correct the data.
- Import the corrected data via the Miscellaneous tab of the Discharge Summary.



Data Collection Guidelines

SCENARIO			REQUIRED BH-TEDS RECORD(S)				
Service	Procedure Code(s)	Sentri Form Name	Service Start (ADM)	Update (UPD)	Service End (DIS)	Crisis Only Event (Q Record)	NOTE
Brief Screening	H0002	Eligibility Assessment-MH Emergency Note-SUD					Do not create a BH-TEDS Episode of Care for individuals receiving ONLY a brief screening.
Crisis Intervention Service (face-to-face)	H2011	Emergency Note				x	Complete a Q Record when no open BH-TEDS episode already exists. A Q Record is a single-point-in-time record.*
Inpatient Hospitalization Screening (face-to-face)	T1023	Pre-Admission Screening	X**			Х*	*If the disposition is "Diversion/Alternative Services Plan" complete a Q Record when no open BH-TEDS episode already exists. **If the disposition is "Admission Plan" complete a Service Start/Admission Record (with a Service Start Date/Time that includes the T1023) when no open BH-TEDS episode already exists.
Initial/Intake Assessment (face-to-face)	H0031	Initial Psychosocial Assessment	х		х		Complete a Service End/Discharge Record on the same day if the individual is found not eligible for ongoing services or has no planned subsequent services, or once it is realized that the individual will receive no further services, e.g. no show. (60 days max.)
Annual Assessment (face-to-face)	T1016 T1017 H0031 H0039	Annual Psychosocial Assessment		х			Complete a BH-TEDS Update Record at least annually.
Discharge from Services		Discharge Summary			X		Complete a Service End/Discharge Record when a consumer is discharged from services, planned or unplanned.
Admission to a State Facility		Stand Alone BH-TEDS	Х	Х	X		A Stand Alone is used by the State Facility Liaison to create a consecutive episode of care.
Outgoing Retrospective Inpatient Review Continuing Stay Review (COFR)		Stand Alone BH-TEDS	х	х	x		A Stand Alone is used when an episode of care needs to be created which is not associated with a face-to-face contact. Note: BH-TEDS Records are the responsibility of the payer county CMH, not the provider county CMH, in a COFR arrangement.
Administrative Close		Discharge Summary			Х		A Stand Alone is used to discharge a consumer when a Discharge Summary is not required.
OBRA/PASARR	H0031 T2011	Level II Evaluation					BH-TEDS are NOT required for individuals receiving ONLY OBRA/PASARR assessments, prevention, etc. services.

^{*}Reference Q Record Fact Sheet on the back of this sheet for additional information.



User Support & Resources

https://www.sccmha.org/intranet/quality/bh-teds.html

- Department Supervisor
- Holli McGeshick, Quality Projects & Systems Coordinator
 989-272-7235 or hmcgeshick@sccmha.org
- Ben Pelkki, Systems Analyst
 989-272-7254 or bpelkki@sccmha.org



Main Facility

500 Hancock, Saginaw, Michigan 48602

Phone: (989) 797-3400

Toll Free: 1-800-258-8678

Michigan Relay 711

24 Hour Mental Health Emergency Services

(989) 792-9732

Toll Free: 1-800-233-0022

www.sccmha.org

