

NC-TOPPS Mental Health and Substance Abuse

Adult (Ages 18 and up) Episode Completion Interview

Use this form for backup only. Do not mail. Enter data into web-based system (<http://www.ncdhhs.gov/mhddsas/nc-topps>)

QP First Initial & Last Name <div style="border: 1px solid black; display: flex; justify-content: space-between; padding: 2px;"> </div>	<p><i>I certify that I am the QP who has conducted and completed this interview. QP Signature: _____ Date: _____</i></p> <p><i>Please have the consumer sign and date and place in consumer's file. Consumer Signature: _____ Date: _____</i></p>
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Please provide the following consumer information:

LME-MCO Assigned Consumer Record Number

CNDS ID Number

Medicaid ID Number (optional)

Medicaid County of Residence: _____

Provider Internal Consumer Record Number (optional)

Local Area Code (Reporting Unit Number) (optional)

3. Please indicate the DSM-5 diagnostic classification(s) for this individual. (See Attachment II)

4. For Female Adult SA individual:
Is this consumer enrolled in a Maternal/Pregnant program?
 Yes No

5. For Female Adult SA individual:
Is this consumer enrolled in a CASAWORKS Residential program?
 Yes No

6. For Adult SA individual:
Is this consumer currently receiving Work First cash assistance?
 Yes No

7. Is this consumer also a TASC client?
 Yes No

First three letters of consumer's last name: (If female, use consumer's maiden name)

First letter of consumer's first name:

Consumer Date of Birth:

//

Consumer Gender:
 Male Female

Consumer County of Residence: _____

8. For Adult SA individual:
Did this consumer receive or was expected to receive methadone treatment?
 Yes No -> (skip to 10)

b. What was the last methadone dosage in the 60 days prior to episode completion?
 mg (enter zero, if none and skip to 10)

c. For dosage level of Methadone greater than zero:
Please describe the last methadone dosing:
 Induction -> (skip to 9)
 Stabilization -> (skip to 9)
 Taper

d. For dosage level of Methadone greater than zero:
Is the methadone withdrawal voluntary or administrative?
 Voluntary Administrative

Please select the appropriate age/disability category(ies) for which the individual is receiving services and supports. (mark all that apply)

Adult Mental Health, age 18 and up
 Adult Substance Abuse, age 18 and up
b. If both Mental Health and Substance Abuse, is the treatment at this time mainly provided by a...
 qualified professional in substance abuse
 qualified professional in mental health
 both

9. For Adult SA and Methadone individual:
SA treatment participation and service units in the past 3 months (enter zero, if none):

a. Group sessions attended:

b. Individual/Family sessions attended:

Discharge Date (date of last paid service for this episode of care):

//

Begin Interview

1. Please select all services the consumer is receiving.
(See Attachment I)

2. Please indicate reason for Episode Completion:
(mark only one)

Completed treatment
 Discharged at program initiative
 Refused treatment
 Did not return as scheduled within 60 days -> (skip to end of interview)
 Changed to service not required for NC-TOPPS interview)
 Moved out of area or changed to different LME-MCO
 Incarcerated
 Institutionalized
 Died -> (skip to end of interview)
 Other

10. For Adult SA individual:
Which, if any, of the following medications does this consumer take? (mark all that apply)

Naltrexone Antabuse
 Buprenorphine None of these

11. Since the last interview, the consumer has attended scheduled treatment sessions...

All or most of the time
 Sometimes
 Rarely or never

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12. For Adult SA individual:

Number of drug tests conducted and number positive in the past 3 months: (Do not count if Positive for Methadone Only)

a. Number Conducted (enter zero, if none and skip to 13)

b. Number Positive (enter zero, if none and skip to 13)

c. How often did each substance appear for all drug tests conducted?

Alcohol	THC	Opiates	Benzo
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cocaine	Amphetamine	Barbiturate	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

13. Since the individual started services for this episode of treatment, which of the following areas has the individual received help? (mark all that apply)

- Educational improvement
- Finding or keeping a job
- Housing (basic shelter or rent subsidy) -> (answer b)
- Transportation
- Child care
- Medical care
- Dental care
- Screening/treatment referral for HIV/TB/HEP
- Legal issues
- Volunteer opportunities
- None of the above

b. If *housing*, what supports are needed to improve the individual's current situation or would allow the individual to live more successfully in the community? (mark all that apply)

- Rental assistance (due to credit problems, criminal record, or no down payment)
- Communication assistance (with landlord, housing management, or neighbors)
- Behavioral health supports (with crisis management, medication compliance, environmental challenges, or problem solving)
- Daily living skill development (for paying bills, housekeeping, transportation, meal preparation, or self-care)
- Other

Section II: Complete items 14-29 using information from the individual's interview (preferred) or consumer record.

14. How are the next section's items being gathered?

(mark all that apply)

- In-person interview (preferred)
- Telephone interview
- Clinical record/notes

15. Do you ever have difficulty participating in treatment because of problems with... (mark all that apply)

- No difficulties prevented you from entering treatment
- Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)
- Active substance abuse symptoms (addiction, relapse)
- Physical health problems (severe illness, hospitalization)
- Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation)
- Treatment offered did not meet needs (availability of appropriate services, type of treatment wanted by consumer not available, favorite therapist quit, etc.)
- Engagement issues (AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps)
- Cost or financial reasons (no money for cab, treatment cost)
- Stigma/Discrimination (race, gender, sexual orientation)
- Treatment/Authorization access issues (insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, IPRS target populations, Value Options, referral issues, citizenship, etc.)
- Deaf/Hard of hearing
- Language or communication issues (foreign language issues, lack of interpreter, etc.)
- Legal reasons (incarceration, arrest)
- Transportation/Distance to provider
- Scheduling issues (work or school conflicts, appointment times not workable, no phone)
- Lack of stable housing
- Personal safety (domestic violence, intimidation or punishment)

16. Currently, what best describes your employment status?

(mark only one)

- Full-time work (working 35 hours or more a week) -> (answer b-1 and b-2)
 - Part-time work (working 11-34 hours a week) -> (answer b-1 and b-2)
 - Part-time work (working less than 10 hours a week) -> (answer b-1 and b-2)
 - Unemployed (seeking work or on layoff from a job) -> (skip to 17)
 - Not in labor force (not seeking work) -> (answer c -- on next page)
- b-1. If *employed*, what best describes your job classification?
- Professional, technical, or managerial
 - Clerical or sales
 - Service occupation
 - Agricultural or related occupation
 - Processing occupation
 - Machine trades
 - Bench work
 - Structural work
 - Miscellaneous occupation (other)
- b-2. If *employed*, what employee benefits do you receive? (mark all that apply)
- Insurance
 - Paid time off
 - Meal/Retail discounts
 - Other
 - None

b-3. If *employed*, what currently describes your rate of pay?

- Above minimum wage (more than \$7.25 an hour)
- Minimum wage (\$7.25 an hour)
- Lower than minimum wage (due to student status, piece work, working for tips or employer under sub-minimum wage certificate)

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c. If not seeking work, what best describes your current status?

(mark only one)

- Homemaker
- Student
- Retired
- Chronic medical condition which prevents employment
- Incarcerated (juvenile or adult facility)
- Institutionalized
- Day program services
- Volunteer
- None of the above

17. In the past 3 months, how often did you participate in ...

a. positive community/leisure activities?

- Never
- A few times
- More than a few times

b. recovery-related support or self-help groups?

- Never → (skip to 18)
- A few times
- More than a few times

c. In the past month, how many times did you attend recovery-related support or self-help groups?

- Did not attend in past month
- 1-3 times (less than once per week)
- 4-7 times (about once per week)
- 8-15 times (2 or 3 times per week)
- 16-30 times (4 or more times per week)
- some attendance, but frequency unknown

18. In the past 3 months, how often have your problems interfered with work, school, or other daily activities?

- Never
- A few times
- More than a few times

19. In the past month, how would you describe your mental health symptoms?

- Extremely severe
- Severe
- Moderate
- Mild
- Not present

20. In the past month, if you have a current prescription for psychotropic medications, how often have you taken this medication as prescribed?

- No prescription
- All or most of the time
- Sometimes
- Rarely or never

21. In the past 3 months, how many times have you moved residences?

(enter zero, if none)

22. Currently, where do you live?

- Living independently (own/rent home/apartment)
- Residential program (supportive housing, group home, alternative family living, family care home)
- Institutional setting (hospital or jail)
- Homeless → (answer b)
- Temporary housing
- b. If homeless, please specify your living situation currently.
 - Sheltered (homeless shelter or domestic violence shelter)
 - Unsheltered (on the street, in a car, camp)

23. For Adult MH only individual:

In the past 3 months, have you used tobacco or alcohol?

- Yes
- No

24. For Adult MH only individual:

In the past 3 months, have you used illicit drugs or other substances?

- Yes
- No → (skip to 26 if 'No' is answered on both questions 23 and 24)

25. Please mark the frequency of use for each substance in the past month.

Substance	Past Month - Frequency of Use				
	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily
Tobacco use (any tobacco products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy alcohol use (>=5(4) drinks per sitting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than heavy alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana or hashish use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine or crack use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other opiates/opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Drug Use <input type="text"/> <input type="text"/> (enter code from list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Drug Codes

- 5=Non-prescription Methadone
- 7=PCP
- 8=Other Hallucinogen
- 9=Methamphetamine
- 10=Other Amphetamine
- 11=Other Stimulant
- 12=Benzodiazepine
- 13=Other Tranquilizer
- 14=Barbiturate
- 15=Other Sedative or Hypnotic
- 16=Inhalant
- 17=Over-the-Counter
- 22=OxyContin (Oxycodone)
- 29=Ecstasy (MDMA)

26. For Adult MH individual:

In general, since entering treatment your involvement in the criminal/juvenile justice system has...

- Increased
- Decreased
- Stayed the same

27. In the past month, how many times have you been arrested for any offense including DWI?

(enter zero, if none)

28. Are you under the supervision of the criminal justice system?

- Yes
- No

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29. For Female Adult SA individual:

Do you have children under the age of 18?

- Yes No → (skip to 30)
- b. Since the last interview, have you... (mark all that apply)
- Gained legal custody of child(ren)
- Lost legal custody of child(ren)
- Begun seeking legal custody of child(ren)
- Stopped seeking legal custody of child(ren)
- Continued seeking legal custody of child(ren)
- New baby born - removed from legal custody
- None of the above
- c. Are all, some, or none of the children in your legal custody receiving preventive and primary health care?
- All Some None NA (no children in legal custody)
- d. Since the last interview, have your parental rights been terminated from all, some, or none of your children?
- All Some None
- e. Since the last interview, have you been investigated by DSS for child abuse or neglect?
- Yes No → (answer f)
- e-1. Was the investigation due to an infant testing positive on a drug screen?
- Yes No NA
- f. How many of the children in your legal custody have been screened for mental health and/or substance abuse prevention or treatment services?
- All Some None NA (no children in legal custody)

Section III: This next section includes questions which are important in determining consumer outcomes. These questions require that they be asked directly to the individual either in-person or by telephone.

30. Is the individual present for an in-person or telephone interview or have you directly gathered information from the individual within the past two weeks?

- Yes - Complete items 31-47
- No - Stop here

31. **Females only:** Are you currently pregnant?

- Yes
- No → (skip to 32)
- Unsure → (skip to 32)

b. How many weeks have you been pregnant?

--	--

c. Have you been referred to prenatal care?

- Yes No

d. Are you receiving prenatal care?

- Yes No

32. **Females only:** Have you given birth in the past year?

- Yes No → (skip to 33)

b. For Adult SA individual:

How long ago did you give birth?

- Less than 3 months ago
- 3 to 6 months ago
- 7 to 12 months ago

c. Did you receive prenatal care during pregnancy?

- Yes No

d. For Adult SA individual:

What was the # of weeks gestation?

--	--

e. For Adult SA individual:

What was the birth weight?

--	--

--	--

pounds ounces

f. How would you describe the baby's current health?

- Good
- Fair
- Poor
- Baby is deceased → (skip to 33)
- Baby is not in birth mother's custody → (skip to 33)
- g. Is the baby receiving regular Well Baby/Health Check services?
- Yes No

33. Since the last interview, have you visited a physical health care provider for a routine check up?

- Yes No

34. Since the last interview, have you visited a dentist for a routine check up?

- Yes No

35. For Adult SA individual:

In the past month, if you have a sponsor, how often have you had contact with him or her?

- Don't have a sponsor

Never

A few times

More than a few times

36. How supportive has your family and/or friends been of your treatment and recovery efforts?

- Not supportive
- Somewhat supportive
- Very supportive
- No family/friends

37. For Adult SA individual:

In the past 3 months, have you used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons?

- Yes No Deferred

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<p>38. For Adult SA individual: In the past 3 months, have you participated in any of the following activities without using a condom? had sex with someone who was <u>not your spouse or primary partner</u> [or] knowingly had sex with someone who injected drugs [or] traded, gave, or received sex for drugs, money, or gifts? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred</p> <p>39. In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt? <input type="checkbox"/> Never <input type="checkbox"/> A few times <input type="checkbox"/> More than a few times <input type="checkbox"/> Deferred</p> <p>40. In the past 3 months, how often have you hit, kicked, slapped, or otherwise physically hurt someone? <input type="checkbox"/> Never <input type="checkbox"/> A few times <input type="checkbox"/> More than a few times <input type="checkbox"/> Deferred</p> <p>41. For Adult SA individual: In the past 3 months, have you been forced or pressured to do sexual acts? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred</p> <p>42. Since the last interview, how often have you tried to hurt yourself or cause yourself pain on purpose (such as cut, burned, or bruised self)? <input type="checkbox"/> Never <input type="checkbox"/> A few times <input type="checkbox"/> More than a few times</p> <p>43. Since the last interview, how often have you had thoughts of suicide? <input type="checkbox"/> Never <input type="checkbox"/> A few times <input type="checkbox"/> More than a few times</p> <p>44. Since the last interview, have you attempted suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>45. In the past 3 months, how well have you been doing in the following areas of your life?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Excellent</th> <th style="width: 10%; text-align: center;">Good</th> <th style="width: 10%; text-align: center;">Fair</th> <th style="width: 10%; text-align: center;">Poor</th> </tr> </thead> <tbody> <tr> <td>a. Emotional well-being _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Physical health _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Relationships with family or significant others _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. Living/Housing situation _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Excellent	Good	Fair	Poor	a. Emotional well-being _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Physical health _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Relationships with family or significant others _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Living/Housing situation _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>46. In the past 3 months, have you...</p> <p>a. had contacts with an emergency crisis provider? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. had visits to a hospital emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. spent nights in a medical/surgical hospital? (excluding birth delivery) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. spent nights in a psychiatric inpatient hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. spent nights homeless? (sheltered or unsheltered) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. spent nights in detention, jail, or prison? (adult or juvenile system) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>47. How helpful have the program services been in...</p> <p>a. improving the quality of your life? <input type="checkbox"/> Not helpful <input type="checkbox"/> Somewhat helpful <input type="checkbox"/> Very helpful <input type="checkbox"/> NA</p> <p>b. decreasing your symptoms? <input type="checkbox"/> Not helpful <input type="checkbox"/> Somewhat helpful <input type="checkbox"/> Very helpful <input type="checkbox"/> NA</p> <p>c. increasing your hope about the future? <input type="checkbox"/> Not helpful <input type="checkbox"/> Somewhat helpful <input type="checkbox"/> Very helpful <input type="checkbox"/> NA</p> <p>d. increasing your control over your life? <input type="checkbox"/> Not helpful <input type="checkbox"/> Somewhat helpful <input type="checkbox"/> Very helpful <input type="checkbox"/> NA</p> <p>e. improving your educational status? <input type="checkbox"/> Not helpful <input type="checkbox"/> Somewhat helpful <input type="checkbox"/> Very helpful <input type="checkbox"/> NA</p> <p>f. improving your housing status? <input type="checkbox"/> Not helpful <input type="checkbox"/> Somewhat helpful <input type="checkbox"/> Very helpful <input type="checkbox"/> NA</p> <p>g. improving your vocational/employment status? <input type="checkbox"/> Not helpful <input type="checkbox"/> Somewhat helpful <input type="checkbox"/> Very helpful <input type="checkbox"/> NA</p> <p>For Data Entry User (DEU) only: This printable interview form must be signed by the QP who completed the interview for this consumer.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Does this printable interview form have the QP's signature (see page 1)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> <p>NOTE: This entire signed printable interview form must be placed in the consumer's record.</p>
	Excellent	Good	Fair	Poor																						
a. Emotional well-being _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
b. Physical health _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
c. Relationships with family or significant others _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
d. Living/Housing situation _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						

End of interview

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<http://www.ncdhs.gov/mhddsas/nc-topps>**

Do not mail this form

Attachment I: NC-TOPPS Services

Periodic Services (SA consumers)

- Psychotherapy - 90832--90838
- Family Therapy without Patient - 90846
- Family Therapy with Patient - 90847
- Group Therapy (multiple family group) - 90849
- Group Therapy (non-multiple family group) - 90853
- Behavioral Health Counseling - Individual Therapy - H0004
- Behavioral Health Counseling - Group Therapy - H0004 HQ
- Behavioral Health Counseling - Family Therapy with Consumer - H0004 HR
- Behavioral Health Counseling - Family Therapy without Consumer - H0004 HS
- Behavioral Health Counseling (non-licensed provider) - YP831
- Behavioral Health Counseling - Group Therapy (non-licensed provider) - YP832
- Behavioral Health Counseling - Family Therapy with Consumer (non-licensed provider) - YP833
- Behavioral Health Counseling - Family Therapy without Consumer (non-licensed provider) - YP834
- Alcohol and/or Drug Group Counseling - H0005
- Alcohol and/or Drug Group Counseling (non-licensed provider) - YP835

Community Based Services

- Substance Abuse Intensive Outpatient Program (SAIOP) - H0015
- Assertive Community Treatment Team (ACTT) - H0040
- Community Support Team (CST) - H2015 HT
- Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035
- Supported Employment - Individual - YP630
- Long-term Vocational Support - Individual - YM645
- Supported Employment - H2023 U4
- Ongoing Supported Employment - H2026 U4

Facility Based Day Services

- Mental Health - Partial Hospitalization - H0035
- Child and Adolescent Day Treatment - H2012 HA

Opioid Services

- Opioid Treatment - H0020

Residential Services

- SA Non-Medical Community Residential Treatment - Adult - H0012 HB
- SA Medically Monitored Community Residential Treatment - H0013
- Behavioral Health - Level III - Long Term Residential - H0019
- Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020
- Psychiatric Residential Treatment Facility - YA230
- Group Living - High - YP780

Therapeutic Foster Care Services

- Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145

Other Services

Service Code: _____ Service Description: _____

Attachment II: DSM-5 Diagnostic Classifications

Neurodevelopmental Disorders

- Learning Disorders (315.00, 315.1, 315.2)
- Communication Disorders (307.9, 315.35, 315.39)
- Intellectual Disabilities (315.8, 317, 318.0, 318.1, 318.2, 319)
- Motor and Tic Disorders (307.20, 307.21, 307.22, 307.23, 307.3, 315.4)
- Autism Spectrum Disorder (299.00)
- Attention-Deficit/Hyperactivity Disorder (314.00, 314.01)
- Other Neurodevelopmental Disorders (315.8, 315.9)

Substance-Related and Addictive Disorders

- Alcohol-Related Disorders (303.90, 305.00)
- (Other) Drug-Related Disorders (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)
- Gambling Disorder (312.31)

Schizophrenia Spectrum and Other Psychotic Disorders

- Schizophrenia and Other Psychotic Disorders (293.81, 293.82, 293.89, 295.40, 295.70, 295.90, 297.1, 298.8, 298.9)

Bipolar and Related Disorders

- Bipolar I Disorder (296.40, 296.41, 296.42, 296.43, 296.44, 296.45, 296.46, 296.50, 296.51, 296.52, 296.53, 296.54, 296.55, 296.56, 296.7)
- Bipolar II Disorder (296.89)
- Cyclothymic Disorder (301.13)

Depressive Disorders

- Major Depressive Disorder (296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 296.36)
- Persistent Depressive Disorder (Dysthymia) (300.4)
- Other Depressive Disorders (296.99, 311, 625.4)

Anxiety Disorders

- Anxiety Disorders (300.00, 300.01, 300.02, 300.09, 300.22, 300.23, 300.29, 309.21, 312.23)

Obsessive-Compulsive and Related Disorders

- Obsessive-Compulsive and Other Related Disorders (300.3, 300.7, 312.39, 698.4)

Trauma- and Stressor-Related Disorders

- Posttraumatic Stress Disorder (PTSD) (309.81)
- Adjustment Disorders (309.0, 309.24, 309.28, 309.3, 309.4)
- Other Trauma- and Stressor-Related Disorders (308.3, 309.89, 309.9, 313.89)

Dissociative Disorders

- Dissociative disorders (300.12, 300.13, 300.14, 300.15, 300.6)

Disruptive, Impulse-Control, and Conduct Disorders

- Conduct Disorder (312.81, 312.82, 312.89)
- Oppositional Defiant Disorder (313.81)
- Impulse Control Disorders (312.32, 312.33, 312.34)
- Other Disruptive Behavior Disorders (312.89, 312.9)

Gender Dysphoria Disorders

- Gender Dysphoria Disorders (302.6, 302.85)

Neurocognitive Disorders

- Delirium Disorders (292.81, 293.0, 780.09)
- Major and Mild Neurocognitive Disorders (290.40, 294.10, 294.11, 331.83, 331.9, 799.59)

Personality Disorders

- Cluster A Personality Disorders (301.0, 301.20, 301.22)
- Cluster B Personality Disorders (301.50, 301.7, 301.81, 301.83)
- Cluster C Personality Disorders (301.4, 301.6, 301.82)
- Other Personality Disorders (301.89, 301.9)

Feeding and Eating Disorders

- Anorexia Nervosa (307.1)
- Other Feeding and Eating Disorders (307.50, 307.51, 307.52, 307.53, 307.59)

Other Disorders

- Somatic Symptom and Related Disorders (300.11, 300.19, 300.7, 300.82, 300.89, 316)
- Elimination Disorders (307.6, 307.7, 787.60, 788.30, 788.39)
- Sexual Dysfunction Disorders (302.70, 302.71, 302.72, 302.73, 302.74, 302.75, 302.76, 302.79)
- Sleep-Wake Disorders (307.45, 307.46, 307.47, 327.21, 327.23, 327.24, 327.25, 327.26, 327.42, 333.94, 347.00, 347.01, 780.52, 780.54, 780.57, 780.59, 786.04)
- Paraphilic Disorders (302.2, 302.3, 302.4, 302.81, 302.82, 302.83, 302.84, 302.89, 302.9)
- Other Conditions That May Be a Focus of Clinical Attention (V-codes, 999.xx)
- Other Mental Disorders and Conditions (any codes not listed above)