| NC-TOPPS Mental Health and  | d Substance Use Disorder  |
|---|---|
| Adolescent (Ages 12-17) Ep  | bisode Completion Interview   |
| Use this form for backup only. <u>Do not mai</u><br>(http://www.ncdhhs.gov/providers/provider-info/mental-health, | /nc-treatment-outcomes-and-program-performance-system)  |
| QP First Initial & Last Name I certinintervi  | fy that I am the QP who has conducted and completed this<br>iew.  |
|   | nature: Date:   |
| Please provide the following consumer information:<br>LME-MCO Assigned Consumer Record Number:                    | <b>4.</b> Please indicate the DSM-5 diagnostic classification(s) for this individual. (See Attachment II)           |
|   | 5. For Female Adolescent Substance Use Disorder individual:<br>Is this consumer enrolled in a specialty program for |
| Consumer Date of Birth:   | maternal, pregnant, perinatal, or post-partum?  |
|   | $\Box Yes \Box No \rightarrow (skip \ to \ 6)$  |
| Consumer Gender:  | b. Which specialty program for maternal, pregnant, perinatal, or<br>post-partum is this consumer enrolled in?       |
|   | Community Choices - CASCADE - Charlotte   |
| First three letters of consumer's last name:  | Community Choices - CASCADE - Durham  |
| (If female, use consumer's maiden name)   | Community Choices - Outpatient Program - Charlotte  |
|   | Community Choices - Outpatient Program - Durham   |
| First letter of consumer's first name:  | Community Choices - WISH Program  |
| Consumer County of Residence:   | Daymark Clean Start Program   |
| CNDS ID Number  | Insight Human Services - Perinatal Health Partners  |
|   | NC PPW - Columbus County  |
|   | NC PPW - Project CARA - Buncombe County   |
| Medicaid ID Number (optional)   | NC PPW - Project CARA - Wilkes County   |
|   | NC PPW - Wilkes County  |
|   | PORT Health - Kelly House   |
| Medicaid County of Residence:   | RHA - Mary Benson House   |
| Provider Internal Consumer Record Number (optional)   | RHCC - Cambridge Court - Perinatal/Maternal   |
|   | RHCC - Crystal Lake - Perinatal/Maternal  |
|   | RHCC - Grace Court  |
| Local Area Code (Reporting Unit Number) (optional)  | RHCC - Our House  |
|   | RHCC - The Village - Perinatal/Maternal   |
|   | Southlight - Perinatal Residential  |
| Please select the appropriate age/disability category(ies) for  | UNC Horizons - Day Break  |
| which the individual has received services and supports.  | UNC Horizons - Outpatient Program   |
| (mark all that apply)   | UNC Horizons - Sunrise Perinatal/Maternal   |
| Adolescent Mental Health, age 12-17<br>Adolescent Substance Use Disorder, age 12-17                               | UNC Horizons - Wake   |
| Discharge Date (date of last paid service for this episode of care):  | 6. Since the last interview, the consumer has attended  |
|   | scheduled treatment sessions  |
|   | All or most of the time   |
| Begin Interview   | Sometimes   |
| 1. Please select all services the consumer has received for this  | Rarely or never   |
| episode of care. (See Attachment I)   | 7. For Adolescent Substance Use Disorder individual:  |
| 2. If both Mental Health and Substance Use Disorder, is the   | Number of drug tests conducted and number positive in   |
| treatment at this time mainly provided by a   | the past 3 months: (Do not count if Positive for Methadone Only)  |
| qualified professional in substance use disorders   | a. Number (enter zero, if none<br>Conducted and skip to 8)  |
| ulified professional in mental health<br>both   |   |
| 3. Please indicate reason for Episode Completion:   | b. Number (enter zero, if none  |
| (mark only one)   | Positive and skip to 8)   |
| Completed treatment   | c. How often did each substance appear for all drug tests   |
| Discharged at program initiative  | conducted?  |
| Refused treatment $\Box$ Did not return as scheduled within 60 days $\rightarrow$ (skip to end of                 | Alcohol THC Opiates Benzo.  |
| Changed to service not required for NC-TOPPS interview )  |   |
| Moved out of area or changed to different LME-MCO   |   |
|   | Cocaine Amphetamine Barbiturate   |
| $\square \text{ Institutionalized}$   |   |
| Died -> (skip to end of interview) Other  |   |

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#### Page 1

Version 04/01/2021

# NC-TOPPS Mental Health and Substance Use Disorder

#### Adolescent (Ages 12-17) Episode Completion Interview

| Use this form for backup only. <u>Do not m</u>  | -<br>nail Enter data into web-based system:  |
|---|--|
| (http://www.ncdhhs.gov/providers/provider-info/mental-heal  |  |
| <ul> <li>8. Since the individual started services for this episode of treatment, which of the following areas has the individual received help? (mark all that apply)</li> <li>Educational improvement</li> <li>Finding or keeping a job</li> <li>Housing (basic shelter or rent subsidy)</li> <li>Transportation</li> <li>Food supply -&gt; (answer b)</li> <li>Child care</li> <li>Dental care</li> <li>Dental care</li> <li>Screening/Treatment referral for HIV/TB/HEP</li> <li>Legal issues</li> <li>Volunteer opportunities</li> <li>None of the above</li> <li>b. If food supply, how helpful have the program services been in supplying food as needed?</li> </ul> | <ul> <li>13. Do you ever have difficulty participating in treatment because of problems with (mark all that apply)</li> <li>No difficulties prevented you from entering treatment</li> <li>Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)</li> <li>Active substance use disorder symptoms (addiction, relapse)</li> <li>Physical health problems (severe illness, hospitalization)</li> <li>Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation)</li> <li>Treatment offered did not meet needs (availability of appropriate</li> <li>services, type of treatment wanted by consumer not available, favorite therapist quit, etc.)</li> <li>Engagement issues (AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps)</li> <li>Cost or financial reasons (no money for cab, treatment cost)</li> <li>Stigma/Discrimination (race, gender, sexual orientation)</li> <li>Treatment/Authorization access issues (insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, referral issues, citizenship, etc.)</li> </ul> |
| 🗌 Not helpful 🛛 Somewhat helpful 📄 Very helpful 🔲 NA  | Language or communication issues (foreign language issues, lack<br>of interpreter, etc.)   |
| 9. In the past 3 months, has the individual's family, significant other, or guardian been involved in any contact with staff concerning any of the following? (mark all that apply)<br>Treatment services   | <ul> <li>Legal reasons (incarceration, arrest)</li> <li>Transportation/Distance to provider</li> <li>Scheduling issues (work or school conflicts, appointment times not<br/>workable, no phone)</li> <li>Lack of stable housing</li> </ul>   |
| Person-centered planning  | Personal safety (domestic violence, intimidation or punishment)  |
| None of the above   | 14. Are you currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree? (Enrolled  |
| Section II: Complete items 10-35 using information from<br>the individual's interview (preferred) or consumer record<br>10. How are the next section's items being gathered?<br>(mark all that apply)<br>In-person interview (preferred)<br>Telephone interview<br>Clinical record/notes  | <ul> <li>includes school breaks, suspensions, and expulsions)</li> <li>Yes □ No -&gt; (<i>skip to 20</i>)</li> <li>b. What program(s) are you currently enrolled in for credit?<br/>(<i>mark all that apply</i>)</li> <li>□ Alternative Learning Program (ALP)/School</li> <li>□ Academic schools (K-12)</li> <li>□ Private Home School by parents/guardians</li> <li>□ Homebound Instruction by public/private school</li> </ul>  |
| 11. Which of the following best describes your sexual orientation?            □ Straight         □ Other         □ Lesbian or Gay         □ Don't know/Not sure         □ Bisexual         □ Deferred         12. Do you consider yourself to be transgender?   | □ Incarceration/Detention/Youth Development Centers<br>□ Technical/Vocational school -> (skip to 20)<br>□ Early college high school -> (skip to 20)<br>□ College -> (skip to 20)<br>□ GED Program, Adult literacy -> (skip to 20)<br>□ Other -> (skip to 20)   |
| <ul> <li>Yes, Transgender, male-to-female</li> <li>Yes, Transgender, female-to-male</li> </ul>  | 15. Do you have an Individualized Education Program (IEP)         (program or plan for special education and related services)?         □ Yes       □ No   |
| <ul> <li>Yes, Transgender, gender non-conforming</li> <li>No</li> </ul>   | 16. What grade are you currently in?   |
| Don't know/Not sure   | <b>17. Since beginning treatment, your school attendance has</b> □ improved □ stayed the same □ gotten worse   |
|   | <ul> <li>18. For your most recent reporting period, what grades did you get most of the time? (mark only one)</li> <li>A's B's C's D's F's School does not use traditional grading system</li> <li>b. If school does not use traditional grading system, for your most recent reporting period, did you pass or fail most of the time?</li> <li>Pass Fail</li> <li>19. In the past 3 months, have you been</li> <li>a. suspended from school?</li> <li>Yes No</li> <li>b. expelled from school?</li> <li>Yes No</li> </ul>   |

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# NC-TOPPS Mental Health and Substance Use Disorder

# Adolescent (Ages 12-17)

## **Episode Completion Interview**

| Use this form for backup only. <u>Do not mail.</u> Enter data into web-based system:<br>(http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system)  |  |  |                                  |           |                                   |            |
|---|--|--|----------------------------------|-----------|-----------------------------------|------------|
|   | -  |  |                                  | m-heild   | mance                             | -system)   |
| 20. Currently, what best describes your employment status?  | <b>26. Currently,</b> <u>where</u> do y<br>In a family setting (priva  |  |                                  |           | in to 27)                         |            |
| (mark only one )  | Residential program (gro   |  |                                  |           |                                   |            |
| □ Full-time work (working 35 hours or more a week)<br>-> (answer b-1, b-2, b-3, and b-4)  | Institutional setting (hos   |  |                                  |           |                                   | kin to 27) |
| Part-time work (working 11-34 hours a week)   | $\square$ Homeless $->$ (answer c)   | pital of t   | letention                        | center/j  | aii) -> (S                        | KIP (0 27) |
| -> (answer b-1, b-2, b-3, and b-4)  | Temporary housing $->$ (answer c)  | answer o   | ()                               |           |                                   |            |
| Part-time work (working less than 10 hours a week)  | b. If residential program,   |  |                                  | e type of | f resident                        | ial        |
| -> (answer b-1, b-2, b-3, and b-4)  | program you currently liv  |  | ,pee, e                          | o ()po o  |                                   |            |
| Unemployed (seeking work or on layoff from a job)   | Therapeutic foster hom   |  |                                  |           |                                   |            |
| $\rightarrow$ (skip to 21)  | Level III group home   |  |                                  |           |                                   |            |
| $\square$ Not in labor force (not seeking work) $\rightarrow$ ( <i>skip to 21</i> )   | Level IV group home  |  |                                  |           |                                   |            |
| b-1. If <i>employed</i> , what best describes your job classification?  | State-operated resider   | ntial trea   | tment ce                         | nter      |                                   |            |
|   | Psychiatric Residential  | Treatme  | nt Facilit                       | y (PRTF)  |                                   |            |
| Service occupation  | Substance abuse resid  | ential tre   | eatment f                        | acility   |                                   |            |
| Agricultural or related occupation  | Halfway house (for Add   | olescent   | SA indivi                        | dual)     |                                   |            |
| Processing occupation   | D Other  |  |                                  |           |                                   |            |
| Achine trades   | C. If homeless, please spe   |  |                                  |           |                                   |            |
| Bench work  | Sheltered (homeless sl   |  |                                  |           | e sheiter)                        |            |
| Structural work   | <ul> <li>Unsheltered (on the still<br/>d. If temporary housing,</li> </ul>   |  |                                  |           | situation                         | currently  |
| Miscellaneous occupation (other)  | Unstable housing with  | frequent   | moves t                          | o and fro | om relativ                        | e's/       |
| b-2. If <i>employed</i> , what employee benefits do you receive?  | friend's homes   |  |                                  |           |                                   | ,          |
| (mark all that apply)   | Hotel/motel  |  |                                  |           |                                   |            |
| Insurance Other   | 27. Was this living arran  | gement   | in your                          | home c    | ommuni                            | ty?        |
| Paid time off   | Yes No   |  |                                  |           |                                   |            |
| Meal/Retail discounts   | 28. In the past 3 months   |  |                                  |           | y resider                         | ntial      |
| b-3. If <i>employed,</i> what currently describes your rate of pay?   | services outside of your<br>☐ Yes ☐ No   | nome co  | ommuni                           | cy r      |                                   |            |
| Minimum wage (\$7.25 an hour)   | 29. For Adolescent MH o  | nlv indiv  | vidual                           |           |                                   |            |
| $\Box$ Lower than minimum wage (due to student status, piece work,  | In the past 3 months, ha   |  |                                  | acco or   | alcohol                           | 7          |
| working for tips or employer under sub-minimum wage   | Yes No   | ,  |                                  |           |                                   | -          |
| certificate)  | 30. For Adolescent MH o  |  |                                  |           |                                   |            |
| b-4. If <i>employed</i> , are you also enrolled in an educational   | In the past 3 months, ha   |  |                                  |           | s or othe                         | er         |
| program?  | substances other than to   | bacco a  | ind alcol                        | hol?      |                                   |            |
| Yes No  | $\Box Yes \Box No \rightarrow (skip to 3)$   |  |                                  | red on be | oth                               |            |
| 21. In the past 3 months, how often did you participate in  | questions  |  | ,                                |           |                                   |            |
| a. extracurricular activities?  | 31. Please mark the free   | quency of  | of use fo                        | r each s  | substanc                          | e in       |
| Never A few times More than a few times   | the past month.  |  |                                  |           |                                   |            |
| b. recovery support or mutual aid groups?   | Substance  | Pas  | t <u>Month</u>                   | - Frequ   | ency of l                         | Use        |
| $\square$ Never -> (skip to 22) $\square$ A few times $\square$ More than a few times   |  | Not Used   | 1-3 times                        | 1-2 times | 3-6 times                         | Daily      |
| c. In the past month, how many times did you attend   |  | Not obcu   | monthly                          | weekly    | weekly                            | ,          |
| recovery support or mutual aid groups?  | Tobacco use  |  |                                  |           |                                   |            |
|   |  |  |                                  |           |                                   |            |
| ULI 2 times (less than once nor week)   | (any tobacco products)   |  |                                  |           |                                   |            |
| $\Box$ 1-3 times (less than once per week)<br>$\Box$ 4-7 times (about once per week)  | (any tobacco products)<br>Heavy alcohol use  |  | _                                |           |                                   |            |
| 4-7 times (about once per week)   |  |  |                                  |           |                                   |            |
| <ul> <li>4-7 times (about once per week)</li> <li>8-15 times (2 or 3 times per week)</li> </ul>   | Heavy alcohol use<br>(>=5(4) drinks per sitting)   |  |                                  |           |                                   |            |
| <ul> <li>4-7 times (about once per week)</li> <li>8-15 times (2 or 3 times per week)</li> <li>16-30 times (4 or more times per week)</li> </ul>   | Heavy alcohol use  |  | _                                |           |                                   |            |
| <ul> <li>4-7 times (about once per week)</li> <li>8-15 times (2 or 3 times per week)</li> <li>16-30 times (4 or more times per week)</li> <li>some attendance, but frequency unknown</li> </ul>   | Heavy alcohol use<br>(>=5(4) drinks per sitting)<br>Less than heavy<br>alcohol use   |  |                                  |           |                                   |            |
| <ul> <li>4-7 times (about once per week)</li> <li>8-15 times (2 or 3 times per week)</li> <li>16-30 times (4 or more times per week)</li> <li>some attendance, but frequency unknown</li> <li>22. In the past 3 months, how often have your problems</li> </ul>   | Heavy alcohol use<br>(>=5(4) drinks per sitting)<br>Less than heavy  |  |                                  |           |                                   |            |
| <ul> <li>4-7 times (about once per week)</li> <li>8-15 times (2 or 3 times per week)</li> <li>16-30 times (4 or more times per week)</li> <li>some attendance, but frequency unknown</li> <li>22. In the past 3 months, how often have your problems interfered with work, school, or other daily activities?</li> </ul>  | Heavy alcohol use<br>(>=5(4) drinks per sitting)<br>Less than heavy<br>alcohol use<br>Marijuana or<br>hashish use  |  |                                  |           |                                   |            |
| <ul> <li>4-7 times (about once per week)</li> <li>8-15 times (2 or 3 times per week)</li> <li>16-30 times (4 or more times per week)</li> <li>some attendance, but frequency unknown</li> </ul> 22. In the past 3 months, how often have your problems interfered with work, school, or other daily activities? <ul> <li>Never</li> <li>A few times</li> <li>More than a few times</li> </ul>   | Heavy alcohol use<br>(>=5(4) drinks per sitting)<br>Less than heavy<br>alcohol use<br>Marijuana or   |  |                                  |           |                                   |            |
| <ul> <li>4-7 times (about once per week)</li> <li>8-15 times (2 or 3 times per week)</li> <li>16-30 times (4 or more times per week)</li> <li>some attendance, but frequency unknown</li> <li>22. In the past 3 months, how often have your problems interfered with work, school, or other daily activities?</li> <li>Never A few times More than a few times</li> <li>23. In the past month, how would you describe your mental</li> </ul>  | Heavy alcohol use<br>(>=5(4) drinks per sitting)<br>Less than heavy<br>alcohol use<br>Marijuana or<br>hashish use<br>Cocaine or<br>crack use   |  |                                  |           |                                   |            |
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| <ul> <li>4-7 times (about once per week)</li> <li>8-15 times (2 or 3 times per week)</li> <li>16-30 times (4 or more times per week)</li> <li>some attendance, but frequency unknown</li> <li>22. In the past 3 months, how often have your problems interfered with work, school, or other daily activities?</li> <li>Never A few times More than a few times</li> <li>23. In the past month, how would you describe your mental health symptoms?</li> </ul>   | Heavy alcohol use<br>(>=5(4) drinks per sitting)<br>Less than heavy<br>alcohol use<br>Marijuana or<br>hashish use<br>Cocaine or<br>crack use   |  |                                  |           |                                   |            |
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| <ul> <li>4-7 times (about once per week)</li> <li>8-15 times (2 or 3 times per week)</li> <li>16-30 times (4 or more times per week)</li> <li>some attendance, but frequency unknown</li> <li>22. In the past 3 months, how often have your problems interfered with work, school, or other daily activities?</li> <li>Never A few times More than a few times</li> <li>23. In the past month, how would you describe your mental health symptoms?</li> <li>Extremely Severe Mild</li> <li>Severe Not present</li> </ul>  | Heavy alcohol use<br>(>=5(4) drinks per sitting)<br>Less than heavy<br>alcohol use<br>Marijuana or<br>hashish use<br>Cocaine or<br>crack use<br>Heroin use   |  |                                  |           |                                   |            |
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| <ul> <li>4-7 times (about once per week)</li> <li>8-15 times (2 or 3 times per week)</li> <li>16-30 times (4 or more times per week)</li> <li>some attendance, but frequency unknown</li> <li>22. In the past 3 months, how often have your problems interfered with work, school, or other daily activities?</li> <li>Never A few times More than a few times</li> <li>23. In the past month, how would you describe your mental health symptoms?</li> <li>Extremely Severe Mild</li> <li>Severe Not present</li> <li>Moderate</li> <li>24. In the past month, if you have a current prescription for psychotropic medications, how often have you taken this medication as prescribed?</li> <li>No prescription Sometimes</li> </ul>  | Heavy alcohol use<br>(>=5(4) drinks per sitting)<br>Less than heavy<br>alcohol use<br>Marijuana or<br>hashish use<br>Cocaine or<br>crack use<br>Heroin use<br>Other opiates and synthetics<br>Other Drug Use<br>(enter code from list below)   |  |                                  |           |                                   |            |
| <ul> <li>4-7 times (about once per week)</li> <li>8-15 times (2 or 3 times per week)</li> <li>16-30 times (4 or more times per week)</li> <li>some attendance, but frequency unknown</li> <li>22. In the past 3 months, how often have your problems interfered with work, school, or other daily activities?</li> <li>Never A few times More than a few times</li> <li>23. In the past month, how would you describe your mental health symptoms?</li> <li>Extremely Severe Mild</li> <li>Severe Not present</li> <li>Moderate</li> <li>24. In the past month, if you have a current prescription for psychotropic medications, how often have you taken this medication as prescribed?</li> <li>No prescription Sometimes</li> <li>All or most of the time</li> </ul>                 | Heavy alcohol use<br>(>=5(4) drinks per sitting)<br>Less than heavy<br>alcohol use<br>Marijuana or<br>hashish use<br>Cocaine or<br>crack use<br>Heroin use<br>Other opiates and synthetics<br>Other Drug Use<br>(enter code from list below)<br><b>Other Drug Codes</b><br>5=Non-prescription Methadone 13   |  |                                  |           | 57=Spice                          |            |
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| <ul> <li>4-7 times (about once per week)</li> <li>8-15 times (2 or 3 times per week)</li> <li>16-30 times (4 or more times per week)</li> <li>some attendance, but frequency unknown</li> <li>22. In the past 3 months, how often have your problems interfered with work, school, or other daily activities?</li> <li>Never A few times More than a few times</li> <li>23. In the past month, how would you describe your mental health symptoms?</li> <li>Extremely Severe Mild</li> <li>Severe Not present</li> <li>Moderate</li> <li>24. In the past month, if you have a current prescription for psychotropic medications, how often have you taken this medication as prescribed?</li> <li>No prescription Sometimes</li> <li>All or most of the time Rarely or never</li> </ul> | Heavy alcohol use<br>(>=5(4) drinks per sitting)<br>Less than heavy<br>alcohol use<br>Marijuana or<br>hashish use<br>Cocaine or<br>crack use<br>Heroin use<br>Other opiates and synthetics<br>Other Drug Use<br>(enter code from list below)<br>Other Drug Codes<br>5=Non-prescription Methadone 1:<br>7=PCP-Phencyclidine 1:<br>7=PCP-Phencyclidine 1:<br>9=Methamphetamine/Speed 11<br>10=Other Amphetamine 1: | B=Other Tra<br>B=Other Tra<br>B=Barbitura<br>5=Other See<br>5=Inhalant |                                  |           | 57=Spice<br>58=Dilant<br>59=GHB/C |            |

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#### **NC-TOPPS** Mental Health and Substance Use Disorder Adolescent (Ages 12-17) **Episode Completion Interview** Use this form for backup only. *Do not mail.* Enter data into web-based system: (http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system) 32. For Adolescent MH individual: 37. Females only: Are you currently pregnant? In general, since entering treatment your involvement Unsure 🗌 Yes 🗆 No in the criminal/juvenile justice system has... (skip to 38) (skip to 38) □ Decreased □ Stayed the same ☐ Increased b. How many weeks have you been pregnant? 33. In the past month, how many times have you been arrested or had a petition filed for c. Have you been referred to prenatal care? any offense including DWI? (enter zero, if none) 🗆 Yes 🛛 No 34. Do you have a Court Counselor or are you under the supervision of the justice system (adult or juvenile)? d. Are you receiving prenatal care? □ Yes □ No 🗌 Yes 🗌 No 35. For Female Adolescent Substance Use Disorder 38. Females only: Have you given birth in the past year? individual: Do you have children? ☐ Yes ☐ No -> (skip to 39) □ No -> (skip to 36) 🗌 Yes b. For Adolescent Substance Use Disorder individual: How long ago did you give birth? b. How many children do you have? Less than 3 months ago □ 3 to 6 months ago c. Since the last interview, how many children have you... $\square$ 7 to 12 months ago c-1. gained legal custody of? c. Did you receive prenatal care during pregnancy? □ Yes □ No c-2. lost legal custody of? d. For Adolescent Substance Use Disorder individual: What was the # of weeks gestation? c-3. begun seeking legal custody of? e. For Adolescent Substance Use Disorder individual: What was the birth weight? c-4. stopped seeking legal custody of? pounds ounces f. How would you describe the baby's current health? c-5. continued seeking legal custody of? Good Good T Fair d. Since the last interview, how many newborn Poor baby(ies) have been removed from your legal $\square$ Baby is deceased $\rightarrow$ (skip to 39) custodv? $\square$ Baby is not in your custody $\rightarrow$ (*skip to 39*) e. Since the last interview, how many children g. Is the baby receiving regular Well Baby/Health Check services? have your parental rights been terminated from? **П** Yes 🗆 No f. How many children in your legal custody are 39. Since the last interview, have you visited a physical health receiving preventative and primary health care? care provider for a routine check up? g. How many children in your legal custody have 🛛 Yes 🗆 No been screened for mental health and/or substance 40. Since the last interview, have you visited a dentist for a use disorder prevention or treatment services? routine check up? h. Since the last interview, have you been investigated by Yes 🗆 No DSS for child abuse or neglect? 41. How many active, stable relationship(s) with adult(s) □ Yes □ No -> (answer 36) who serve as positive role models do you have? (i.e., member h-1. Was the investigation due to an infant testing positive of clergy, neighbor, family member, coach) on a drug screen? 🗌 None 🗌 1 or 2 3 or more □ Yes □ No 42. What is your level of readiness (Stage of Change) for Section III: This next section includes questions which addressing your recovery/resiliency? Not ready for action (Pre-contemplation) are important in determining consumer outcomes. These questions require that they be asked directly to Considering action sometime in the next few months (Contemplation) the individual either in-person or by telephone. Seriously considering action this week (Preparation) Already taking action (Action) 36. Is the individual present for an in-person or telephone interview or have you directly gathered Maintaining new behaviors (Maintenance) information from the individual within the past two 43. How supportive has your family and/or friends been of your weeks? treatment and recovery efforts? Yes - Complete items 37-52 □ Not supportive Very supportive □ No - Stop here Somewhat supportive □ No family/friends

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# NC-TOPPS Mental Health and Substance Use Disorder

### Adolescent (Ages 12-17)

**Episode Completion Interview** 

| Use this form for backup only. <u>Do not mail.</u> E<br>(http://www.ncdhhs.gov/providers/provider-info/mental-health/nc   |   |  |  |  |  |
|---|---|--|--|--|--|
| 44. For Adolescent Substance Use Disorder 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         45. In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt?       Deferred         A6. In the past 3 months, how often have you hit, kicked, slapped, or otherwise physically hurt someone?       Deferred         47. 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)?       Deferred         48. Since the last interview, how often have you had thoughts of suicide?       More than a few times       48. Since the last interview, how often have you had thoughts of suicide?         Never       A few times       More than a few times       49. Since the last interview, have you attempted suicide?         Yes       No       Some the nace you been doing in the following areas of your life?         More       Some fair Poor       Excellent Good Fair Poor       Soud Fair Poor         a. Emotional well-being       Soud Fair Poor       Soud Fair Poor       Soud Fair Poor       Soud Fair Poor         a. Emotional well-being       Soud Fair Poor       Soud Fair Poor       Soud Fair Poor       Soud Fair Poor         Sectionships with family or friends       Soud Fair Poor       Soud Fair Poor | <b>51.</b> In the past 3 months, have you         a. had <u>contacts</u> with an emergency crisis provider?         Yes       No         b. had <u>visits</u> to a hospital emergency room?         Yes       No         c. spent <u>nights</u> in a medical/surgical hospital?         (excluding birth delivery)         Yes       No         d. spent <u>nights</u> in a medical/surgical hospital?         (excluding birth delivery)         Yes       No         e. spent <u>nights</u> in a psychiatric inpatient hospital?         Yes       No         e. spent <u>nights</u> homeless? (sheltered or unsheltered)         Yes       No         f. spent <u>nights</u> in detention, jail, or prison?         (adult or juvenile system)         Yes       No         Sz. How helpful have the program services been in         a. improving the quality of your life?         Not helpful       Somewhat helpful         Not helpful       Somewhat helpful         b. decreasing your symptoms?         Not helpful       Somewhat helpful         Not helpful       Somewhat helpful         Not helpful       Somewhat helpful         Not helpful       Somewhat helpful         Not helpful       Somewhat helpful |  |  |  |  |
| End of interv   | · ·   |  |  |  |  |
| Enter data into web-based system:<br>http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-<br>and-program-performance-system<br><u>Do not mail this form</u>   |   |  |  |  |  |

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# Attachment I: NC-TOPPS Services

| Psychotherapy - 9083290838 Psychotherapy - 9083290838 Pamily Therapy without Patient - 90846 Group Therapy (multiple family group) - 90849 Group Therapy (non-multiple family group) - 90853 Behavioral Health Counseling - Group Therapy - H0004 HQ Behavioral Health Counseling - Family Therapy with Consumer - H0004 HR Behavioral Health Counseling - Family Therapy with Consumer - H0004 HR Behavioral Health Counseling - Family Therapy with Consumer (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) - YP833 Behavioral Health Counseling - Family Therapy without Consumer (non-licensed provider) - YP833 Behavioral Health Counseling - Family Therapy without Consumer (non-licensed provider) - YP833 Alcohol and/or Drug Group Counseling (non-licensed provider) - YP835 <b>Community Based Services</b> Substance Abuse Intensive Outpatient Program (SAIOP) - H0015 Intensive In-Home Services (IIH) - H2022 Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035 Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035 Child Based Day Services Diold Services Diold Gervices Diolid Treatment - H0020 <b>Eacling Based Day Services</b> Opioid Treatment - H0021 Behavioral Healt - Dong Term Residential Treatment - H0023 Computing Monitored Community Residential Treatment - H0013 Service Comp Living - High - YP320 Computing Health - Community Residential Treatment - H0021 Behavioral Healt - Lovel II - Program Type (Therapeutic Behavioral Services) - H2020 Psychiatric Residential Treatment Facility - Y4230 Group Living - High - YP780 <b>Dienzet Envices</b> Service Code: Service Description:  | □ Family Therapy without Patient - 90847         □ Group Therapy (multiple family group) - 90853         □ Group Therapy (non-multiple family group) - 90853         □ Behavioral Health Counseling - Individual Therapy + H0004 HQ         □ Behavioral Health Counseling - Group Therapy (non-licensed provider) - YP831         □ Behavioral Health Counseling - Group Therapy (non-licensed provider) - YP833         □ Behavioral Health Counseling - Group Therapy with Consumer (non-licensed provider) - YP833         □ Behavioral Health Counseling - Group Therapy with Consumer (non-licensed provider) - YP833         □ Behavioral Health Counseling - Group Therapy with Consumer (non-licensed provider) - YP833         □ Behavioral Health Counseling - Group Therapy with Consumer (non-licensed provider) - YP833         □ Behavioral Health Counseling - Group Therapy without Consumer (non-licensed provider) - YP833         □ Alcohol and/or Drug Group Counseling (non-licensed provider) - YP835         ■ Community Based Services         □ Intensive In-Home Services (IIH) - H2022         □ Multisystemic Therapy Services (MST) - H2033         □ Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035         □ Individual Placement and Support (PS) Supported Employment - YP630         ■ Group Cuerces       □ Opioid Treatment - H2012 HA         ■ Defiel Services       □ Opioid Treatment - H0020         ■ Child and Adolescent Day Treatment - H2012 HA       DEfiel Services <th></th> <th>Periodic Services (Substance Use Disorder Consumers)</th>   |         | Periodic Services (Substance Use Disorder Consumers)                                      |
|---|--|---------|---|
| □ Group Therapy (multiple family group) - 90849         □ Group Therapy (non-multiple family group) - 90849         □ Group Therapy (non-multiple family group) - 90849         □ Behavioral Health Counseling - Individual Therapy + 10004 HQ         □ Behavioral Health Counseling - Group Therapy with Consumer - 10004 HR         □ Behavioral Health Counseling - Family Therapy with Consumer - 10004 HR         □ Behavioral Health Counseling - Family Therapy with Consumer (non-licensed provider) - YP833         □ Behavioral Health Counseling - Family Therapy with Consumer (non-licensed provider) - YP833         □ Behavioral Health Counseling - Family Therapy without Consumer (non-licensed provider) - YP833         □ Behavioral Health Counseling - Family Therapy without Consumer (non-licensed provider) - YP833         □ Alcohol and/or Drug Group Counseling (non-licensed provider) - YP835         ■ Community Based Services         □ Substance Abuse Intensive Outpatient Program (SAIOP) - H0015         □ Intensive In-Home Services (INF) - H2023         □ Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035         □ Individual Placement and Support (IPS) Supported Employment - YP630         □ Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035         □ Individual Placement and Support (IPS) Supported Employment - YP630         □ Supported Employment - H2023 U4         ■ Eacliential Treatment - Partial Hospitalization - H0035         □ Child and Adoles  | □ Group Therapy (multiple family group) - 90849         □ Group Therapy (non-multiple family group) - 90849         □ Group Therapy (non-multiple family group) - 90853         □ Behavioral Health Counseling - Individual Therapy + H0004 HQ         □ Behavioral Health Counseling - Group Therapy with Consumer - H0004 HR         □ Behavioral Health Counseling - Family Therapy with Consumer - H0004 HR         □ Behavioral Health Counseling - Family Therapy with Consumer (non-licensed provider) - YP832         □ Behavioral Health Counseling - Family Therapy with Consumer (non-licensed provider) - YP833         □ 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 (non-licensed provider) - YP835         ■ Community Based Services         □ Intensive In-Home Services (IHT) - H2022         □ Multisystemic Therapy Services (MST) - H2033         □ Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035         □ Individual Placement and Support (IPS) Supported Employment - YP630         □ Substance Abuse Comprehensive Outpatilatization - H0035         □ Child and Adolescent bay Treatment - H2012 HA         ■ Deloid Treatment - H2023 U4         ■ Enclint Beath - Long Term Residential Treatment - H2012 HA         ■ Diploid Treatment - H2023 U4         ■ Ench   |         |   |
| □ Group Therapy (multiple family group) - 90849         □ Group Therapy (non-multiple family group) - 90853         □ Behavioral Heatth Counseling - Individual Therapy - H0004 HQ         □ Behavioral Heatth Counseling - Group Therapy with Consumer - H0004 HR         □ Behavioral Heatth Counseling - Group Therapy with Consumer - H0004 HR         □ Behavioral Heatth Counseling - Group Therapy with Consumer - H0004 HR         □ Behavioral Heatth Counseling - Group Therapy without Consumer (non-licensed provider) - YP832         □ Behavioral Heatth Counseling - Family Therapy without Consumer (non-licensed provider) - YP833         □ Behavioral Heatth 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         □ Intensive In-Home Services (MST) - H2033         □ Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035         □ Individual Placement and Support (IPS) Supported Employment - YP630         □ Supported Employment - H2023 U         Polioid Treatment - H0020         Diolid Treatment - H0020         Diolid Treatment - H0020         Behavioral Health - Cong Term Residential Treatment - H0013         □ Behavioral Health - Lorg Term Residential Treatment - H0013 <td>□ Group Therapy (multiple family group) - 90849         □ Group Therapy (non-multiple family group) - 90853         □ Behavioral Health Counseling - Individual Therapy - H0004 HQ         □ Behavioral Health Counseling - Group Therapy with Consumer - H0004 HR         □ 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 with Consumer (non-licensed provider) - YP833         □ Behavioral Health Counseling - Family Therapy with 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         □ Intensive In-Home Services (MST) - H2033         □ Subported Employment - H2023 U         ■ Chility Based Day Services         □ Individual Placement and Support (IPS) Supported Employment - YP630         □ Supported Employment - H2023 U         ■ Delioid Treatment - H2023 U         ■ Behavioral Health - Partial Hospitalization - H0035         □ Individual Placement and Support (IPS) Supported Employment - YP630         □ Supported Employment - H2023 U         ■ Behavioral Health - Partial Hospitalization - H0035         □ Child and Ado</td> <td></td> <td></td> | □ Group Therapy (multiple family group) - 90849         □ Group Therapy (non-multiple family group) - 90853         □ Behavioral Health Counseling - Individual Therapy - H0004 HQ         □ Behavioral Health Counseling - Group Therapy with Consumer - H0004 HR         □ 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 with Consumer (non-licensed provider) - YP833         □ Behavioral Health Counseling - Family Therapy with 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         □ Intensive In-Home Services (MST) - H2033         □ Subported Employment - H2023 U         ■ Chility Based Day Services         □ Individual Placement and Support (IPS) Supported Employment - YP630         □ Supported Employment - H2023 U         ■ Delioid Treatment - H2023 U         ■ Behavioral Health - Partial Hospitalization - H0035         □ Individual Placement and Support (IPS) Supported Employment - YP630         □ Supported Employment - H2023 U         ■ Behavioral Health - Partial Hospitalization - H0035         □ Child and Ado   |         |   |
| □       Group Therapy (non-multiple family group) - 90853         □       Behavioral Health Counseling - Group Therapy - H0004 HQ         □       Behavioral Health Counseling - Group Therapy (non-licensed provider) - YP831         □       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 with Consumer (non-licensed provider) - YP834         □       Alcohol and/or Drug Group Counseling (non-licensed provider) - YP835 <b>Community Based Services</b> □       Substance Abuse Intensive Outpatient Program (SAIOP) - H0015         □       Intensive In-Home Services (IIH) - H2022         □       Multisystemic Therapy Services (MST) - H2033         □       Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035         □       Individual Placement and Support (IPS) Supported Employment - YP630         □       Supported Employment - H2023 U4 <b>Polioi Bervices</b> Opioid Treatment - H0035         □       Child and Adolescent Day Treatment - H2012 HA <b>Opioid Services</b> Opioid Treatment - H0020 <b>Behavioral</b> Health - Long Term Residential Treatment + H0013  | □       Group Therapy (non-multiple family group) - 90853         □       Behavioral Health Counseling - Group Therapy + H0004 HQ         □       Behavioral Health Counseling - Group Therapy with Consumer - H0004 HR         □       Behavioral Health Counseling - Group Therapy (non-licensed provider) - YP831         □       Behavioral Health Counseling - Group Therapy with Consumer (non-licensed provider) - YP832         □       Behavioral Health Counseling - Family Therapy with Consumer (non-licensed provider) - YP833         □       Behavioral Health Counseling - Family Therapy with Consumer (non-licensed provider) - YP834         □       Alcohol and/or Drug Group Counseling (non-licensed provider) - YP835 <b>Communt Based Services</b> □         □       Substance Abuse Intensive Outpatient Program (SAIOP) - H0015         □       Intensive In-Home Services (ITH) - H2022         □       Multisystemic Therapy Services (MST) - H2033         □       Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035         □       Individual Placement and Support (IPS) Supported Employment - YP630         □       Subported Employment - H2023 U4 <b>Polioi Services</b> □         □       Opioid Treatment + H0025         □       Chid and Adolescent Day Treatment + H0013         □       Dopioid Treatment + H0020 <t< td=""><td></td><td></td></t<>   |         |   |
| Behavioral Health Counseling - Individual Therapy - H0004 HQ         Behavioral Health Counseling - Group Therapy (H0004 HQ         Behavioral Health Counseling - Family Therapy with Consumer - H0004 HR         Behavioral Health Counseling - Group Therapy (non-licensed provider) - YP831         Behavioral Health Counseling - Family Therapy with Consumer (non-licensed provider) - YP833         Behavioral Health Counseling - Family Therapy with Consumer (non-licensed provider) - YP833         Behavioral Health Counseling - Family Therapy with Consumer (non-licensed provider) - YP834         Alcohol and/or Drug Group Counseling (non-licensed provider) - YP835         Community Based Services         Substance Abuse Intensive Outpatient Program (SAIOP) - H0015         Intensive In-Home Services (IH) - H2022         Multisystemic Therapy Services (MST) - H2033         Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035         Individual Placement and Support (IPS) Supported Employment - YP630         Supported Employment - H2023 U4         Eaclity Based Day Services         Opioid Services         Opioid Services         Opioid Treatment - H0020         Residential Treatment + H0013         Behavioral Health - Long Term Residential - H0019         Behavioral Health - Long Term Residential Treatment + H0013         Behavioral Health - Long Term Residential Treatment + H0020<   |  |         |   |
| Behavioral Health Counseling - Group Therapy - H0004 HQ         Behavioral Health Counseling - Group Therapy with Consumer - H0004 HR         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) - YP833         Behavioral Health Counseling - Family Therapy without Consumer (non-licensed provider) - YP834         Alcohol and/or Drug Group Counseling (non-licensed provider) - YP835         Community Based Services         Substance Abuse Intensive Outpatient Program (SAIOP) - H0015         Intensive In-Home Services (IIH) - H2022         Multisystemic Therapy Services (MST) - H2033         Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035         Individual Placement and Support (IPS) Supported Employment - YP630         Supported Employment - H2023 U4         Enclity Based Day Services         Oploid Services         Oploid Treatment - H2031         Deloid Ireatment - H2031         Behavioral Health - Long Term Residential Treatment - H0013         Behavioral Health - Long Term Residential Treatment - H0013         Behavioral Health - Long Term Residential Treatment - H0013         Behavioral Health - Long Term Residential Treatment - H0013         Behavioral Health   | Behavioral Health Counseling - Group Therapy - H0004 HQ  Behavioral Health Counseling - Family Therapy with Consumer - H0004 HR 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) - YP833 Community Beaded Consumer (non-licensed provider) - YP835 Community Beaded Services Comprehensive Outpatient Program (SALOP) - H0015 Community Beaded Services Comprehensive Outpatient Program (SALOP) - H0015 Community Beaded Day Services Comprehensive Outpatient Treatment (SACOT) - H2035 Community Beaded Day Services Comprehensive Outpatient Treatment (SACOT) - H2035 Community Beaded Day Services Comprehensive Outpatient Treatment (SACOT) - H2035 Community Beaded Day Services Comprehensive Outpatient Treatment (SACOT) - H2035 Community Beaded Day Services Comprehensive Outpatient Treatment (SACOT) - H2035 Community Beaded Day Services Comprehensive Outpatient Treatment (SACOT) - H2035 Community Beaded Day Services Comprehensive Outpatient Treatment (SACOT) - H2035 Community Beaded Day Services Comprehensive Outpatient Treatment (SACOT) - H2035 Community Beaded Day Services Comprehensive Outpatient Treatment + H0035 Confid Beaded Day Community Residential Treatment + H0013 Confid Services Community Residential Treatment - H0019 Comprehensive Community Residential Treatment + H0013 Comprehensive Community Residential Treatment + H0013 Confid Services Comprehensice Community Residential Treatment +     |         |   |
| Behavioral Health Counseling - Family Therapy with Consumer - H0004 HR         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) - YP833         Behavioral Health Counseling - Family Therapy without Consumer (non-licensed provider) - YP834         Alcohol and/or Drug Group Counseling (non-licensed provider) - YP835         Community Based Services         Bultisystemic Therapy Services (IH) - H2022         Multisystemic Therapy Services (IH) - H2023         Bultisystemic Therapy Services (IH) - H2033         Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035         Individual Placement and Support (IPS) Supported Employment - YP630         Supported Employment - H2023 U4 <b>Eaclity Based Day Services</b> Opioid Services         Opioid Treatment - H0035         Child and Adolescent Day Treatment - H2012 HA <b>Opioid Treatment</b> - H0020 <b>Residential Treatment</b> - Level II - Program Type (Therapeutic Behavioral Services) - H2020         SA Medically Monitored Community Residential Treatment - H0013         Behavioral Health - Long Term Residential Treatment - H0013         B  | Behavioral Health Counseling - Family Therapy with Consumer - H0004 HR         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         Intensive In-Home Services (IH) - H2022         Multisystemic Therapy Services (MST) - H2033         Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035         Individual Placement and Support (IPS) Supported Employment - YP630         Supported Employment - H2023 U4         Pacility Based Day Services         Opioid Services         Opioid Treatment - H0035         Child and Adolescent Day Treatment - H2012 HA         Opioid Treatment - H0020         Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020         SA Medically Monitored Community Residential Treatment + H0013         Behavioral Health - Long Term Residential Treatment - H0013         Behavioral Health - Long Term Residential Treatment - Level II - P  |         |   |
| 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) - YP833         Behavioral Health Counseling - Family Therapy without Consumer (non-licensed provider) - YP834         Alcohol and/or Drug Group Counseling (non-licensed provider) - YP835 <b>Community Based Dervices</b> Buttow In-Home Services (IIH) - H2022         Multisystemic Therapy Services (MST) - H2033         Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035         Individual Placement and Support (IPS) Supported Employment - YP630         Supported Employment - H2023 U4 <b>Facility Based Day Services</b> Opioid Services         Opioid Treatment - H0020 <b>Residential Services</b> Opioid Treatment - H0013         Behavioral Health - Long Term Residential Treatment + H0013         Behavioral Health - Long Term Residential Treatment - H0013         Behavioral Health - Long Term Residential - H0019         Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020         Psychiatric Residential Treatment Facility - YA230         Group Living - High - YP780         <  | Behavioral Health Counseling (non-licensed provider) - YP831  Behavioral Health Counseling - Group Therapy (non-licensed provider) - YP832  Alcohol and/or Drug Group Counseling + Ho005  Alcohol and/or Drug Group Counseling (non-licensed provider) - YP835    Communit Based Services  Communit Based Services Comprehensive Outpatient Program (SAIOP) - H0015 Comprehensive Outpatient Program (SAIOP) - H0015 Communit Program (SAIOP) - H0035 Communit Program (SAIOP) - H0035 Communit Program (Program (    |         |   |
| Behavioral Health Counseling - Group Therapy (non-licensed provider) - YP832         Behavioral Health Counseling - Family Therapy with 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         Intensive In-Home Services (IIH) - H2022         Multisystemic Therapy Services (MST) - H2033         Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035         Individual Placement and Support (IPS) Supported Employment - YP630         Supported Employment - H2023 U4         Facility Based Day Services         Opioid Services         Opioid Treatment - H2012 HA         Opioid Treatment - H2012 HA         Opioid Treatment - H0015         Sh Medically Monitored Community Residential Treatment - H0013         Behavioral Health - Lovel II - Program Type (Therapeutic Behavioral Services) - H2020         Psychiatric Residential Treatment Facility - YA230         Group Living - High - YP780         Image: Living - High - YP780         Cher Services         Image: Living - High - YP780         Cher Services         Image: Living - High - YP780   | Behavioral Health Counseling - Group Therapy (non-licensed provider) - YP832         Behavioral Health Counseling - Family Therapy with Consumer (non-licensed provider) - YP834         Alcohol and/or Drug Group Counseling - H0005         Alcohol and/or Drug Group Counseling (non-licensed provider) - YP835 <b>Community Based Services</b> Substance Abuse Intensive Outpatient Program (SAIOP) - H0015         Intensive In-Home Services (IIH) - H2022         Multisystemic Therapy Services (MST) - H2033         Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035         Individual Placement and Support (IPS) Supported Employment - YP630         Supported Employment - H2023 U4 <b>Facility Based Day Services</b> Opioid Services         Opioid Treatment - H2012 HA <b>Opioid Treatment</b> - H0020 <b>Behavioral Health</b> - Long Term Residential Treatment - H0013         Shadically Monitored Community Residential Treatment - H0013         Behavioral Health - Long Term Residential - H0019         Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020         Psychiatric Residential Treatment Facility - YA230         Group Living - High - YP780 <b>Dreageutic Foster Care Services</b> Residential Treatment - Level II - Program Type (Foster Care Therapeutic Child) - S5145 <b>Other Services</b> <  |         |   |
| Behavioral Health Counseling - Family Therapy with Consumer (non-licensed provider) - YP834         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 <b>Community Based Services</b> Substance Abuse Intensive Outpatient Program (SAIOP) - H0015         Intensive In-Home Services (IIH) - H2022         Multisystemic Therapy Services (MST) - H2033         Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035         Individual Placement and Support (IPS) Supported Employment - YP630         Supported Employment - H2023 U4 <b>Facility Based Day Services</b> Mental Health - Partial Hospitalization - H0035         Child and Adolescent Day Treatment - H2012 HA <b>Opioid Services</b> Opioid Treatment - H0020 <b>Residential Services</b> SA Medically Monitored Community Residential Treatment - H0013         Behavioral Health - Long Term Residential - H0019         Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020         Psychiatric Residential Treatment Facility - YA230         Group Living - High - YP780 <b>Interpotic Foster Care Services</b> Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S514  | Behavioral Health Counseling - Family Therapy with Consumer (non-licensed provider) - YP834         Behavioral Health Counseling - Family Therapy without Consumer (non-licensed provider) - YP834         Alcohol and/or Drug Group Counseling (non-licensed provider) - YP835         Community Based Services         Substance Abuse Intensive Outpatient Program (SAIOP) - H0015         Intensive In-Home Services (IIH) - H2022         Multisystemic Therapy Services (MST) - H2033         Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035         Individual Placement and Support (IPS) Supported Employment - YP630         Supported Employment - H2023 U4         Facility Based Day Services         Mental Health - Partial Hospitalization - H0035         Child and Adolescent Day Treatment - H2012 HA         Opioid Services         Opioid Treatment - H0020         Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020         Psychiatric Residential Treatment Facility - YA230         Behavioral Health - Long Term Residential - H0019         Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020         Psychiatric Residential Treatment Facility - YA230         Group Living - High - YP780         Chereservices         Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145   |         |   |
| Behavioral Health Counseling - Family Therapy without Consumer (non-licensed provider) - YP834         Alcohol and/or Drug Group Counseling (non-licensed provider) - YP835         Community Based Services         Substance Abuse Intensive Outpatient Program (SAIOP) - H0015         Intensive In-Home Services (IIH) - H2022         Multisystemic Therapy Services (MST) - H2033         Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035         Individual Placement and Support (IPS) Supported Employment - YP630         Supported Employment - H2023 U4         Facility Based Day Services         Mental Health - Partial Hospitalization - H0035         Child and Adolescent Day Treatment + H2012 HA         Opioid Services         Opioid Treatment - H0020         Residential Services         Opioid Treatment - H0013         Behavioral Health - Long Term Residential Treatment - H0013         Behavioral Health - Long Term Residential Treatment - H0013         Behavioral Health - Long Term Residential Treatment - H0013         Behavioral Health - Long Term Residential Treatment - H0013         Psychiatric Residential Treatment Facility - YA230         Group Living - High - YP780         Interapeutic Foster Care Services         Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145   | Behavioral Health Counseling - Family Therapy without Consumer (non-licensed provider) - YP834   Alcohol and/or Drug Group Counseling (non-licensed provider) - YP835   Community Based Services   Substance Abuse Intensive Outpatient Program (SAIOP) - H0015   Intensive In-Home Services (IIH) - H2022   Wultisystemic Therapy Services (MST) - H2033   Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035   Individual Placement and Support (IPS) Supported Employment - YP630   Supported Employment - H2023 U4   Pacility Based Day Services   Mental Health - Partial Hospitalization - H0035   Child and Adolescent Day Treatment - H2012 HA   Opioid Services   Opioid Treatment - H0020   Residential Treatment - H0013   Behavioral Health - Long Term Residential Treatment - H0013   Behavioral Health - Level II - Program Type (Therapeutic Behavioral Services) - H2020   Psychiatric Residential Treatment Facility - YA230   Group Living - High - YP780   Cher Services   |         |   |
| 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 Intensive In-Home Services (IIH) - H2022 Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035 Substance Abuse Comprehensive Outpatient Treatment - H0035 Child and Adolescent Day Treatment - H2012 HA <u>Opioid Services</u> Opioid Treatment - H0020 <u>Residential Services</u> SA Medically Monitored Community Residential Treatment - H0013 Behavioral Health - Long Term Residential Treatment - H0013 Behavioral Health - Long Term Residential Treatment - H0013 Soup Living - High - YP780 <u>Interspeutic Foster Care Services</u> Science Living - High - YP780 <u>Interspeutic Foster Care Services</u> Coup Living - High - YP780 <u>Interspeutic Foster Care Services</u> Coup Living - High - YP780 <u>Interspeutic Foster Care Services</u> Coup Living - High - YP780 <u>Interspeutic Foster Care Services</u> Coup Living - High - YP780 <u>Interspeutic Foster Care Services</u> Coup Living - High - YP780 <u>Interspeutic Foster Care Services</u> Coup Living - High - YP780 <u>Interspeutic Foster Care Services</u> Coup Living - High - YP780 <u>Interspeutic Foster Care Services</u> Coup Living - High - YP780 <u>Interspeutic Foster Care Services</u> Coup Living - High - YP780 <u>Interspeutic Foster Care Services</u> Coup Living - Hig   | 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 Intensive In-Home Services (IIH) - H2022 Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035 Substance Abuse Comprehensive Outpatient Treatment - H0035 Child and Adolescent Day Treatment - H2012 HA Opioid Services Copioid Treatment - H0020 Residential Services SA Medically Monitored Community Residential Treatment - H0013 Behavioral Health - Long Term Residential Treatment - H0013 Behavioral Health - Long Term Residential Treatment - H0013 Soften Services Devices D |         |   |
| Alcohol and/or Drug Group Counseling (non-licensed provider) - YP835   Community Based Services Substance Abuse Intensive Outpatient Program (SAIOP) - H0015 Intensive In-Home Services (IIH) - H2022 Multisystemic Therapy Services (MST) - H2033 Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035 Individual Placement and Support (IPS) Supported Employment - YP630 Supported Employment - H2023 U4  Facility Based Day Services Mental Health - Partial Hospitalization - H0035 Child and Adolescent Day Treatment - H2012 HA  Opioid Services Opioid Treatment - H0020  Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020 Supchatric Residential Treatment Facility - YA230 Group Living - High - YP780  Dether Services Child Employment - Level II - Family Type (Foster Care Therapeutic Child) - S5145  | Alcohol and/or Drug Group Counseling (non-licensed provider) - YP835   Community Based Services Substance Abuse Intensive Outpatient Program (SAIOP) - H0015 Intensive In-Home Services (IIH) - H2022 Multisystemic Therapy Services (MST) - H2033 Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035 Individual Placement and Support (IPS) Supported Employment - YP630 Supported Employment - H2023 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 Medically Monitored Community Residential Treatment - H0013 Behavioral Health - Long Term Residential - H0019 Services Group Living - High - YP780  Child and Treatment Facility - YA230 Child Engloyment - H2023 Child Engloyment - H2012 HA  Distric Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145  Dither Services Child Engloyment - Level II - Family Type (Foster Care Therapeutic Child) - S5145   |         |   |
| Community Based Services         Substance Abuse Intensive Outpatient Program (SAIOP) - H0015         Intensive In-Home Services (IIH) - H2022         Multisystemic Therapy Services (MST) - H2033         Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035         Individual Placement and Support (IPS) Supported Employment - YP630         Supported Employment - H2023 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 Medically Monitored Community Residential Treatment - H0013         Behavioral Health - Long Term Residential - H0019         Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020         Psychiatric Residential Treatment Facility - YA230         Group Living - High - YP780         Interspectic Foster Care Services         Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145   | Community Based Services         Substance Abuse Intensive Outpatient Program (SAIOP) - H0015         Intensive In-Home Services (IIH) - H2022         Multisystemic Therapy Services (MST) - H2033         Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035         Individual Placement and Support (IPS) Supported Employment - YP630         Supported Employment - H2023 U4         Facility Based Day Services         Mental Health - Partial Hospitalization - H0035         Child and Adolescent Day Treatment - H2012 HA         Opioid Services         Opioid Treatment - H0020         Residential Services         Opioid Treatment - H0020         Residential Treatment - Long Term Residential Treatment - H0013         Behavioral Health - Long Term Residential - H0019         Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020         Psychiatric Residential Treatment Facility - YA230         Group Living - High - YP30         Interapeutic Foster Care Services         Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145   |         |   |
| Substance Abuse Intensive Outpatient Program (SAIOP) - H0015 Intensive In-Home Services (IIH) - H2022 Multisystemic Therapy Services (MST) - H2033 Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035 Individual Placement and Support (IPS) Supported Employment - YP630 Supported Employment - H2023 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 Medically Monitored Community Residential Treatment - H0013 Behavioral Health - Long Term Residential - H0019 Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020 Spechiatric Residential Treatment Facility - YA230 Group Living - High - YP780 <b>Deter Services</b> Cher Services   | Substance Abuse Intensive Outpatient Program (SAIOP) - H0015 Intensive In-Home Services (IIH) - H2022 Multisystemic Therapy Services (MST) - H2033 Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035 Individual Placement and Support (IPS) Supported Employment - YP630 Supported Employment - H2023 U4 Facility Based Day Services Anental Health - Partial Hospitalization - H0035 Child and Adolescent Day Treatment - H2012 HA Opioid Services Opioid Treatment - H0020 Residential Services SA Medically Monitored Community Residential Treatment - H0013 Behavioral Health - Long Term Residential - H0019 Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020 Psychiatric Residential Treatment Facility - YA230 Group Living - High - YP780 <b>Deter Services</b> Cher Services   |         | iconor and/or Drug Group Coursening (non-incensed provider) - 17655                       |
| Intensive In-Home Services (IIH) - H2022   Multisystemic Therapy Services (MST) - H2033   Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035   Individual Placement and Support (IPS) Supported Employment - YP630   Supported Employment - H2023 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 Medically Monitored Community Residential Treatment - H0013   Behavioral Health - Long Term Residential - H0019   Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020   Psychiatric Residential Treatment Facility - YA230   Group Living - High - YP780   Interapeutic Foster Care Services   Mental Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145  | Intensive In-Home Services (IIH) - H2022   Multisystemic Therapy Services (MST) - H2033   Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035   Individual Placement and Support (IPS) Supported Employment - YP630   Supported Employment - H2023 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 Medically Monitored Community Residential Treatment - H0013   Behavioral Health - Long Term Residential - H0019   Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020   Psychiatric Residential Treatment Facility - YA230   Group Living - High - YP780   Enterspective Foster Care Services   Metal Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145   |         |   |
| Image: Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035         Image: Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035         Image: Individual Placement and Support (IPS) Supported Employment - YP630         Supported Employment - H2023 U4         Facility Based Day Services         Image: Ima   | Image: Service Services (MST) - H2033         Image: Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035         Image: Individual Placement and Support (IPS) Supported Employment - YP630         Supported Employment - H2023 U4         Facility Based Day Services         Image: Imag  |         | Substance Abuse Intensive Outpatient Program (SAIOP) - H0015                              |
| Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035         Individual Placement and Support (IPS) Supported Employment - YP630         Supported Employment - H2023 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 Medically Monitored Community Residential Treatment - H0013         Behavioral Health - Long Term Residential - H0019         Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020         Psychiatric Residential Treatment Facility - YA230         Group Living - High - YP780         Interapeutic Foster Care Services         Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145         Other Services  | Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035         Individual Placement and Support (IPS) Supported Employment - YP630         Supported Employment - H2023 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 Medically Monitored Community Residential Treatment - H0013         Behavioral Health - Long Term Residential - H0019         Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020         Psychiatric Residential Treatment Facility - YA230         Group Living - High - YP780         Interapeutic Foster Care Services         Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145         Other Services   |         | Intensive In-Home Services (IIH) - H2022  |
| ☐ Individual Placement and Support (IPS) Supported Employment - YP630         ☐ Supported Employment - H2023 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 Medically Monitored Community Residential Treatment - H0013         ☐ Behavioral Health - Long Term Residential - H0019         ☐ Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020         ☐ Psychiatric Residential Treatment Facility - YA230         ☐ Group Living - High - YP780 <u>Cherapeutic Foster Care Services</u> ☐ Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145 <u>Other Services</u>  | ☐ Individual Placement and Support (IPS) Supported Employment - YP630         ☐ Supported Employment - H2023 U4         Facility Based Day Services         ☐ Mental Health - Partial Hospitalization - H0035         ☐ Child and Adolescent Day Treatment - H2012 HA         Opioid Services         ☐ Opioid Treatment - H0020         Residential Services         ☐ Opioid Treatment - H0013         ☐ Behavioral Health - Long Term Residential Treatment - H0013         ☐ Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020         ☐ Sroup Living - High - YP780         Interapeutic Foster Care Services         ☐ Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145         Other Services   |         | Multisystemic Therapy Services (MST) - H2033  |
| Supported Employment - H2023 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 Medically Monitored Community Residential Treatment - H0013         Behavioral Health - Long Term Residential - H0019         Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020         Psychiatric Residential Treatment Facility - YA230         Group Living - High - YP780         Dtherapeutic Foster Care Services         Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145         Other Services   | Supported Employment - H2023 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 Medically Monitored Community Residential Treatment - H0013         Behavioral Health - Long Term Residential - H0019         Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020         Psychiatric Residential Treatment Facility - YA230         Group Living - High - YP780         Dtherapeutic Foster Care Services         Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145         Other Services  |         | Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035                        |
| Facility Based Day Services   | Facility Based Day Services         Mental Health - Partial Hospitalization - H0035         Child and Adolescent Day Treatment - H2012 HA         Opioid Services         Opioid Treatment - H0020         Residential Services         SA Medically Monitored Community Residential Treatment - H0013         Behavioral Health - Long Term Residential - H0019         Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020         Psychiatric Residential Treatment Facility - YA230         Group Living - High - YP780         Interapeutic Foster Care Services         Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145   |         | Individual Placement and Support (IPS) Supported Employment - YP630                       |
| Mental Health - Partial Hospitalization - H0035     Child and Adolescent Day Treatment - H2012 HA      Opioid Services     Opioid Treatment - H0020 <u>Residential Services</u> SA Medically Monitored Community Residential Treatment - H0013     Behavioral Health - Long Term Residential - H0019     Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020     Psychiatric Residential Treatment Facility - YA230     Group Living - High - YP780 <u>Therapeutic Foster Care Services</u> Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145  | Mental Health - Partial Hospitalization - H0035     Child and Adolescent Day Treatment - H2012 HA      Opioid Services     Opioid Treatment - H0020      Residential Services     SA Medically Monitored Community Residential Treatment - H0013     Behavioral Health - Long Term Residential - H0019     Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020     Psychiatric Residential Treatment Facility - YA230     Group Living - High - YP780      Interapeutic Foster Care Services     Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145  |         | Supported Employment - H2023 U4   |
| Child and Adolescent Day Treatment - H2012 HA   | Child and Adolescent Day Treatment - H2012 HA  |         | Facility Based Day Services   |
| Opioid Services         Opioid Treatment - H0020         Residential Services         SA Medically Monitored Community Residential Treatment - H0013         Behavioral Health - Long Term Residential - H0019         Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020         Psychiatric Residential Treatment Facility - YA230         Group Living - High - YP780         Image: Compute Community Provide Community Residential Type (Foster Care Services)         Dether Services  | Opioid Services         Opioid Treatment - H0020         Residential Services         SA Medically Monitored Community Residential Treatment - H0013         Behavioral Health - Long Term Residential - H0019         Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020         Psychiatric Residential Treatment Facility - YA230         Group Living - High - YP780         Image: Compute Community Program Type (Foster Care Services)         Medicall Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145         Other Services  |         | Mental Health - Partial Hospitalization - H0035   |
| Opioid Treatment - H0020 <u>Residential Services</u> SA Medically Monitored Community Residential Treatment - H0013     Behavioral Health - Long Term Residential - H0019     Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020     Psychiatric Residential Treatment Facility - YA230     Group Living - High - YP780 <u>Therapeutic Foster Care Services</u> Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145 <u>Other Services</u>   | Opioid Treatment - H0020 <u>Residential Services</u> SA Medically Monitored Community Residential Treatment - H0013     Behavioral Health - Long Term Residential - H0019     Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020     Psychiatric Residential Treatment Facility - YA230     Group Living - High - YP780 <u>Therapeutic Foster Care Services</u> Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145 <u>Other Services</u>  |         | Child and Adolescent Day Treatment - H2012 HA   |
| Residential Services         SA Medically Monitored Community Residential Treatment - H0013         Behavioral Health - Long Term Residential - H0019         Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020         Psychiatric Residential Treatment Facility - YA230         Group Living - High - YP780         Image: Constant Constan   | Residential Services         SA Medically Monitored Community Residential Treatment - H0013         Behavioral Health - Long Term Residential - H0019         Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020         Psychiatric Residential Treatment Facility - YA230         Group Living - High - YP780         Image: Constant Constan  |         | Opioid Services   |
| SA Medically Monitored Community Residential Treatment - H0013 Behavioral Health - Long Term Residential - H0019 Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020 Psychiatric Residential Treatment Facility - YA230 Group Living - High - YP780 <u>Therapeutic Foster Care Services</u> Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145 <u>Other Services</u>  | SA Medically Monitored Community Residential Treatment - H0013 Behavioral Health - Long Term Residential - H0019 Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020 Psychiatric Residential Treatment Facility - YA230 Group Living - High - YP780 <u>Therapeutic Foster Care Services</u> Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145 <u>Other Services</u>   |         | Opioid Treatment - H0020  |
| Behavioral Health - Long Term Residential - H0019     Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020     Psychiatric Residential Treatment Facility - YA230     Group Living - High - YP780     Interapeutic Foster Care Services     Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145     Other Services  | Behavioral Health - Long Term Residential - H0019     Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020     Psychiatric Residential Treatment Facility - YA230     Group Living - High - YP780 <u>Therapeutic Foster Care Services</u> Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145 <u>Other Services</u>  |         | Residential Services  |
| Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020  Psychiatric Residential Treatment Facility - YA230 Group Living - High - YP780 <u>Therapeutic Foster Care Services</u> Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145 <u>Other Services</u>  | Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020  Psychiatric Residential Treatment Facility - YA230 Group Living - High - YP780 <u>Therapeutic Foster Care Services</u> Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145 <u>Other Services</u>   | [       | SA Medically Monitored Community Residential Treatment - H0013                            |
| Psychiatric Residential Treatment Facility - YA230     Group Living - High - YP780 <u>Therapeutic Foster Care Services</u> Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145 <u>Other Services</u>   | Psychiatric Residential Treatment Facility - YA230     Group Living - High - YP780 <u>Therapeutic Foster Care Services</u> Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145 <u>Other Services</u>  | Ε       | Behavioral Health - Long Term Residential - H0019   |
| Group Living - High - YP780 <u>Therapeutic Foster Care Services</u> Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145 <u>Other Services</u>  | Group Living - High - YP780 <u>Therapeutic Foster Care Services</u> Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145 <u>Other Services</u>   | [       | Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020 |
| Therapeutic Foster Care Services         Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145         Other Services  | Therapeutic Foster Care Services         Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145         Other Services   | _       | _ /   |
| Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145  | Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145 Other Services  |         |   |
| Other Services  | Other Services   |         |   |
|   |  |         | Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145    |
| Service Code: Service Description:  | Service Code: Service Description:   |         | Other Services  |
|   |  | Service | Code: Service Description:  |
|   |  |         |   |
|   |  |         |   |

| Attachment II:                          |
|---|
| <b>DSM-5</b> Diagnostic Classifications |

| Neurodevelopmental Disorders  |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| Learning Disorders (315.00, 315.1, 315.2)   | Autism Spectrum Disorder (299.00)                         |  |  |  |  |  |
| Communication Disorders (307.9, 315.35, 315.39)   | Attention-Deficit/Hyperactivity Disorder (314.00, 314.01) |  |  |  |  |  |
| Intellectual Disabilities (315.8, 317, 318.0, 318.1, 318.2, 319)  | □ Other Neurodevelopmental Disorders (315.8, 315.9)       |  |  |  |  |  |
| Motor and Tic Disorders (307.20, 307.21, 307.22, 307.23, 307.3, 315.4)  |   |  |  |  |  |  |
| Substance-Related and Addid   | tive Disorders  |  |  |  |  |  |
| Alcohol-Related Disorders (303.90, 305.00)  |   |  |  |  |  |  |
| (Other) Drug-Related Disorders (304.00, 304, 304.50, 304.60, 305.20, 305.30, 305.40, 305  |   |  |  |  |  |  |
| 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 Di  | sorders   |  |  |  |  |  |
| □ Bipolar I Disorder (296.40, 296.41, 296.42, 29<br>296.50, 296.51, 296.52, 296.53, 296.54, 296.  |   |  |  |  |  |  |
| Bipolar II Disorder (296.89)  |   |  |  |  |  |  |
| Cyclothymic Disorder (301.13)   |   |  |  |  |  |  |
| Depressive Disord   |   |  |  |  |  |  |
| Major Depressive Disorder (296.20, 296.21, 29<br>296.26, 296.30, 296.31, 296.32, 296.33, 296.   | 34, 296.35, 296.36)                                       |  |  |  |  |  |
| Persistent Depressive Disorder (Dysthymia) (3   | ,   |  |  |  |  |  |
| Other Depressive Disorders (296.99, 311, 625  | .4)   |  |  |  |  |  |
| Anxiety Disorder  | —   |  |  |  |  |  |
| Anxiety Disorders (300.00, 300.01, 300.02, 300.09, 30   |   |  |  |  |  |  |
| Obsessive-Compulsive and Re   |   |  |  |  |  |  |
| Obsessive-Compulsive and Other Related Disorde  |   |  |  |  |  |  |
| Trauma- and Stressor-Relat  | ed Disorders  |  |  |  |  |  |
| Posttraumatic Stress Disorder (PTSD) (309.81)   |   |  |  |  |  |  |
| Adjustment Disorders (309.0, 309.24, 309.28,  |   |  |  |  |  |  |
| Other Trauma- and Stressor-Related Disorders  |   |  |  |  |  |  |
| Dissociative Disorde  |   |  |  |  |  |  |
| Dissociative disorders (300.12, 300.13, 3   | 300.14, 300.15, 300.6)                                    |  |  |  |  |  |
| Disruptive, Impulse-Control, and C  |   |  |  |  |  |  |
|   | lse Control Disorders (312.32, 312.33, 312.34)            |  |  |  |  |  |
|   | Disruptive Behavior Disorders (312.89, 312.9)             |  |  |  |  |  |
| Gender Dysphoria Disc   |   |  |  |  |  |  |
| Gender Dysphoria Disorders (  | 302.6, 302.85)  |  |  |  |  |  |
| Neurocognitive Diso   | rders   |  |  |  |  |  |
| 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 C Personality Disorders (301.4, 301.6, 301.82)    |  |  |  |  |  |
| Cluster B Personality Disorders (301.50, 301.7, 301.81, 301.83)   | Other Personality Disorders (301.89, 301.9)               |  |  |  |  |  |
| Feeding and Eating Di   | sorders   |  |  |  |  |  |
| Anorexia Nervosa (307.1)  |   |  |  |  |  |  |
| Other Feeding and Eating Disorders (307.50, 307.51, 307.52, 307.53, 307.59)   |   |  |  |  |  |  |
| Other Disorders   |   |  |  |  |  |  |
| a Focus of Clinical Attention   |   |  |  |  |  |  |
| Sexual Dysfunction Disorders (302.70, 302.71, 302.72, 302.73, 302.74, 302   | (V-codes, 999.xx)   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| □ Sleep-Wake Disorders (307.45, 307.46, 307.47, 327.21, 327.23, 327.24, 32<br>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) Version 04/01/2021                         |  |  |  |  |  |