NC-TOPPS Mental Health and Substance Use Disorder

Adult (Ages 18 and up) Initial Interview

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(http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system)

QP First Initial & Last Name

I certify that I am the QP who has conducted and completed this interview.

QP Signature: _____ ***Date:*** _____

Please provide the following consumer information:

LME-MCO Assigned Consumer Record Number:

Consumer Date of Birth: / /

Consumer Gender:

☐ Male ☐ Female

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

First letter of consumer's first name:

Consumer County of Residence: _____

CNDS ID Number

Medicaid ID Number (optional)

Medicaid County of Residence: _____

Provider Internal Consumer Record Number (optional)

Local Area Code (Reporting Unit Number) (optional)

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

☐ Adult Mental Health, age 18 and up

☐ Adult Substance Use Disorder, age 18 and up

Admission Date (date of first paid service for this episode of care): / /

Begin Interview

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

2. *If both Mental Health and Substance Use Disorder*, is the treatment at this time mainly provided by a...

☐ qualified professional in substance use disorders

☐ qualified professional in mental health

☐ both

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

4. For Female Adult Substance Use Disorder individual:
Is this consumer being admitted to a Pregnant/Maternal program?

☐ Yes ☐ No –> *(skip to 5)*

b. Which Pregnant/Maternal program is this consumer being admitted to?

☐ Community Choices - CASCADE - Charlotte
☐ Community Choices - CASCADE - Durham
☐ Community Choices - Outpatient Program - Charlotte
☐ Community Choices - Outpatient Program - Durham
☐ Community Choices - WISH Program
☐ Daymark Clean Start Program
☐ Insight Human Services - Perinatal Health Partners
☐ NC PPW - Columbus County
☐ NC PPW - Wilkes County
☐ PORT Health - Kelly House
☐ RHA - Mary Benson House
☐ RHCC - Cambridge Court - Perinatal/Maternal
☐ RHCC - Crystal Lake - Perinatal/Maternal
☐ RHCC - Grace Court
☐ RHCC - Our House
☐ RHCC - The Village - Perinatal/Maternal
☐ Southlight - Perinatal Residential
☐ UNC Horizons - Day Break
☐ UNC Horizons - Outpatient Program
☐ UNC Horizons - Sunrise Perinatal/Maternal
☐ UNC Horizons - Wake

5. For Female Adult Substance Use Disorder individual:
Is this consumer being admitted to a CASAWORKS Residential program?

☐ Yes ☐ No –> *(skip to 6)*

b. Which CASAWORKS Residential program is this consumer being admitted to?

☐ Community Choices - CASCADE CASAWORKS - Charlotte
☐ Community Choices - CASCADE CASAWORKS - Durham
☐ RHCC - Cambridge Court - CASAWORKS
☐ RHCC - Crystal Lake - CASAWORKS
☐ RHCC - The Village - CASAWORKS
☐ Southlight - CASAWORKS
☐ UNC Horizons - Sunrise CASAWORKS

6. For Adult Substance Use Disorder individual:
Is this consumer currently receiving Work First cash assistance?

☐ Yes ☐ No

7. Is this consumer also a TASC client?

☐ Yes ☐ No

8. For Adult Substance Use Disorder individual:
Is this consumer receiving or expected to receive methadone treatment?

☐ Yes ☐ No –> *(skip to 9)*

b. What is the current methadone dosage?

mg *(enter zero, if none and skip to 9)*

c. For dosage level of Methadone greater than zero:
Please describe the current methadone dosing:

☐ Induction ☐ Stabilization ☐ Taper

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9. For Adult Substance Use Disorder individual:
Is this consumer receiving or expected to receive buprenorphine (mono or combo products, such as Subutex, Zubsolv, Suboxone, Probuphine, etc.) treatment?
☐ Yes ☐ No –> *(skip to 10)*

b. How will the buprenorphine be administered?
☐ Oral (tablets or film) ☐ Implant

c. What is the current buprenorphine dosage?
☐☐☐ mg *(enter zero, if none and skip to 10)*

d. For dosage level of Buprenorphine greater than zero:
Please describe the current buprenorphine dosing/phase of care:
☐ Induction ☐ Stabilization ☐ Taper

10. For Adult Substance Use Disorder individual:
Is this consumer receiving or expected to receive naltrexone (such as Revia, Vivitrol, etc.) treatment?
☐ Yes ☐ No –> *(skip to 11)*

b. How will the naltrexone be administered?
☐ Oral ☐ Injectable

c. What is the current naltrexone dosage?
☐☐☐ mg *(enter zero, if none and skip to 11)*

d. For dosage level of Naltrexone greater than zero:
Please describe the current naltrexone dosing/phase of care:
☐ Induction ☐ Stabilization ☐ Taper

11. Are you of Hispanic, Latino, or Spanish origin?
☐ Yes ☐ No

12. Which of these groups best describes you?
☐ African American/Black ☐ Alaska Native
☐ White/Anglo/Caucasian ☐ Asian
☐ Multiracial ☐ Pacific Islander
☐ American Indian/Native American ☐ Other

13. Which of the following best describes your sexual orientation?
☐ Straight ☐ Other
☐ Lesbian or Gay ☐ Don't know/Not sure
☐ Bisexual ☐ Deferred

14. Do you consider yourself to be transgender?
☐ Yes, Transgender, male-to-female
☐ Yes, Transgender, female-to-male
☐ Yes, Transgender, gender non-conforming
☐ No
☐ Don't know/Not sure
☐ Deferred

15. Are you or a member of your immediate family or household currently serving in or has served in the Military, Military Reserve, or National Guard?
☐ Yes, active Military, Military Reserve or National Guard
☐ Yes, veteran or prior service member
☐ Yes, family member
☐ No

16. At any time in the past, have you been suspected of having a head or brain injury?
☐ Yes ☐ No ☐ Not sure

17. What kind of benefits and/or insurance do you have?
(mark all that apply)
☐ None ☐ Health Choice
☐ SSI ☐ Medicaid
☐ SSDI ☐ Medicare
☐ Private insurance/health plan ☐ Other
☐ TRICARE/Military Coverage ☐ Unknown

18. What is the highest grade you completed or degree you received in school?
☐ Grade K, 1, 2, 3, 4, or 5 ☐ 2-year college/assoc. degree
☐ Grade 6, 7, or 8 ☐ 4-year college degree
☐ Grade 9, 10, 11, or 12 (no diploma) ☐ Graduate work, no degree
☐ HS diploma/GED ☐ Professional degree or more
☐ Some college or technical/vocational school

19. In the past year, have you been enrolled in school or taken any classes? *(mark all that apply)*
☐ No
☐ Yes, high school or GED
☐ Yes, vocational school or certificate program
☐ Yes, college
☐ Yes, adult education/leisure/recreational classes

20. In the past 3 months, what best describes your employment status? *(mark only one)*
☐ Full-time work (working 35 hours or more a week)
–> (answer b-1, b-2, b-3 and b-4)
☐ Part-time work (working 11-34 hours a week)
–> (answer b-1, b-2, b-3 and b-4)
☐ Part-time work (working less than 10 hours a week)
–> (answer b-1, b-2, b-3 and b-4)
☐ Unemployed (seeking work or on layoff from a job)
–> (skip to 20)
☐ Not in labor force (not seeking work)
–> (answer c)

b-1. If *employed,* what best describes your job classification?
☐ Professional, technical, or managerial ☐ Machine trades
☐ Clerical or sales ☐ Bench work
☐ Service occupation ☐ Structural work
☐ Agricultural or related occupation ☐ Miscellaneous occupation (other)
☐ Processing occupation

b-2. If *employed,* what employee benefits do you receive?
(mark all that apply)
☐ Insurance ☐ Other
☐ Paid time off ☐ None
☐ Meal/Retail discounts

b-3. If *employed,* what currently describes your rate of pay?
☐ Above minimum wage (more than $7.25 an hour)
☐ Minimum wage ($7.25 an hour)
☐ Lower than minimum wage (due to student status, piece work, working for tips or employer under sub-minimum wage certificate)

b-4. If *employed,* are you also enrolled in an educational program?
☐ Yes ☐ No

c. *If not seeking work*, what best describes your current status?
(mark only one)
☐ Homemaker
☐ Student
☐ Retired
☐ Chronic medical condition which prevents employment
☐ Incarcerated (juvenile or adult facility)
☐ Institutionalized
☐ Day program services
☐ Volunteer
☐ None of the above

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NC-TOPPS Mental Health and Substance Use Disorder

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

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

22. In the past year, how many times have you moved residences? ☐☐ *(enter zero, if none)*

23. In the past 3 months, where did you live most of the time?

- ☐ Living independently (own/rent home/apartment)
- ☐ Stable housing with friends or family at minimal or no cost
- ☐ Residential program (halfway house, group home, alternative family living, family care home)
- ☐ Institutional setting (hospital or jail)
- ☐ Homeless –> *(answer b)*
- ☐ Temporary housing –> *(answer c)*

b. If *homeless*, please specify your living situation most of the time in the past 3 months.

- ☐ Sheltered (homeless or domestic violence shelter)
- ☐ Unsheltered (on the street, in a car, camp)

c. If *temporary housing*, please specify your living situation most of the time in the past 3 months.

- ☐ Unstable housing with frequent moves to and from relative's/ friend's homes
- ☐ Hotel/motel

24. How long has it been since you last visited a physical health care provider for a routine check up?

- ☐ Never
- ☐ Within the past year
- ☐ Within the past 2 years
- ☐ Within the past 5 years
- ☐ More than 5 years ago

25. How long has it been since you last visited a dentist for a routine check up?

- ☐ Never
- ☐ Within the past year
- ☐ Within the past 2 years
- ☐ Within the past 5 years
- ☐ More than 5 years ago

26. Females only: Are you currently pregnant?

- ☐ Yes
- ☐ No –> *(skip to 27)*
- ☐ Unsure –> *(skip to 27)*

b. How many weeks have you been pregnant? ☐☐

c. Have you been referred to prenatal care? ☐ Yes ☐ No

d. Are you receiving prenatal care? ☐ Yes ☐ No

27. For Female Adult Substance Use Disorder individual: Do you have children under the age of 18?

☐ Yes ☐ No –> *(skip to 28)*

b. How many children do you have? ☐☐

c. How many children are in your legal custody? ☐☐ *(skip to f if equal to number of children)*

d. How many children are in the legal custody of DSS? ☐☐

e. How many children are you currently seeking legal custody of? ☐☐

f. How many children in your legal custody are receiving preventive and primary health care? ☐☐

g. How many children in your legal custody have been screened for mental health and/or substance use disorder prevention or treatment services? ☐☐

h. In the past year, have you been investigated by DSS for child abuse or neglect?

☐ Yes ☐ No –> *(skip to 28)*

h-2. Was the investigation due to an infant testing positive on a drug screen?

☐ Yes ☐ No ☐ NA

h-3. Was your admission to treatment required by Child Welfare Services of DSS?

☐ Yes ☐ No

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

a. positive community/leisure activities?

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

b. recovery support or mutual aid groups?

- ☐ Never –> *(skip to 29)*
- ☐ A few times
- ☐ More than a few times

c. In the past month, how many times did you attend recovery support or mutual aid groups?

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

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29. For Adult MH only individual:
In the past year, have you used tobacco or alcohol?
☐ Yes ☐ No

30. For Adult MH only individual:
In the past year, have you used illicit drugs or other substances other than tobacco and alcohol?
☐ Yes ☐ No –> *(skip to 32 if 'No' is answered on both questions 29 and 30)*

31. Please mark the frequency of use for each substance in the past 12 months and past month.

Substance	Past 12 Months - Frequency of Use					Past Month - Frequency of Use				
	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily
Tobacco use *(any tobacco products)*	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Heavy alcohol use *(>=5(4) drinks per sitting)*	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Less than heavy alcohol use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Marijuana or hashish use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cocaine or crack use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Heroin use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other opiates and synthetics	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other drug use ☐☐ (enter code from list below)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Other Drug Codes
5=Non-prescription Methadone
7=PCP-Phencyclidine
8=Other Hallucinogen
9=Methamphetamine/Speed
10=Other Amphetamine
11=Other Stimulant
12=Benzodiazepine
13=Other Tranquilizer
14=Barbiturate
15=Other Sedative or Hypnotic
16=Inhalant
17=Over-the-Counter medications
22=OxyContin (Oxycodone)
29=Ecstasy (MDMA)
57=Spice
58=Dilantin
59=GHB/GBL
60=Ketamine

32. For Adult Substance Use Disorder individual:
If ever, when is the last time you used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons?
☐ Never
☐ Within the past 3 months
☐ Within the past year
☐ More than a year ago
☐ Deferred

33. For Adult Substance Use Disorder individual:
If ever, when have you participated in any of the following activities without using a condom?
had sex with someone who was not your spouse or primary partner **[or]** knowingly had sex with someone who injected drugs **[or]** traded, gave, or received sex for drugs, money, or gifts?
☐ Never
☐ Within the past 3 months
☐ Within the past year
☐ More than a year ago
☐ Deferred

34. In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt?
☐ Never –> *(skip to 35)*
☐ A few times
☐ More than a few times
☐ Deferred –> *(skip to 35)*

b. In the past 7 days, have you been hit, kicked, slapped, or otherwise physcially hurt?
☐ Yes ☐ No

c. Do you currently have a restraining order in place against someone who is associated with these recent threats or acts of violence?
☐ Yes ☐ No

35. In the past 3 months, how often have you hit, kicked, slapped, or otherwise physically hurt someone?
☐ Never
☐ A few times
☐ More than a few times
☐ Deferred

36. For Adult Substance Use Disorder individual:
If ever, when have you been forced or pressured to do sexual acts?
☐ Never
☐ Within the past 3 months
☐ Within the past year
☐ More than a year ago
☐ Deferred

37. In the past 3 months, how often have you tried to hurt yourself or cause yourself pain on purpose (such as cut, burned, or bruised self)?
☐ Never ☐ A few times ☐ More than a few times

38. In your lifetime, have you ever attempted suicide?
☐ Yes ☐ No

39. In the past 3 months, how often have you had thoughts of suicide?
☐ Never ☐ A few times ☐ More than a few times

40. How many times have you been arrested for any offense including DWI.... *(enter zero, if none)*

a. in the past month ☐☐

b. in the past year ☐☐

c. in your lifetime ☐☐

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41. Are you under the supervision of the criminal justice system?
☐ Yes ☐ No

42. For Adult Substance Use Disorder individual:
In the 3 months prior to your current admission, how many weeks were you enrolled in substance use disorder treatment (not including detox)? ☐☐ *(enter zero, if none)*

43. In the past 3 months, have you...

a. had **contacts** with an emergency crisis provider?
☐ Yes ☐ No

b. had **visits** to a hospital emergency room?
☐ Yes ☐ No

c. spent **nights** in a medical/surgical hospital? *(excluding birth delivery)*
☐ Yes ☐ No

d. spent **nights** in a psychiatric inpatient hospital?
☐ Yes ☐ No

e. spent **nights** homeless? (sheltered or unsheltered)
☐ Yes ☐ No

f. spent **nights** in detention, jail, or prison? (adult or juvenile system)
☐ Yes ☐ No

44. How supportive do you think your family and/or friends will be of your treatment and recovery efforts?
☐ Not supportive ☐ Very supportive
☐ Somewhat supportive ☐ No family/friends

45. What is your level of readiness (Stage of Change) for addressing your recovery/resiliency?
☐ Not ready for action (Pre-contemplation)
☐ Considering action sometime in the next few months (Contemplation)
☐ Seriously considering action this week (Preparation)
☐ Already taking action (Action)
☐ Maintaining new behaviors (Maintenance)

46. How well have you been doing in the following areas of your life in the past year?

	Excellent	Good	Fair	Poor
a. Emotional well-being	☐	☐	☐	☐
b. Physical health	☐	☐	☐	☐
c. Relationships with family or friends	☐	☐	☐	☐
d. Living/Housing situation	☐	☐	☐	☐
e. Employment/Education	☐	☐	☐	☐
f. Getting out into my community	☐	☐	☐	☐
g. Doing things I enjoy	☐	☐	☐	☐
h. Feeling connected to others	☐	☐	☐	☐
i. Spending time with people who support my recovery and wellness	☐	☐	☐	☐
j. Seeking help or support when I need it	☐	☐	☐	☐

47. Did you receive a list or options, verbal or written, of places to receive services?
☐ Yes, I received a list or options
☐ No, I came here on my own
☐ No, nobody gave me a list or options

48. Was your first service in a time frame that met your needs?
☐ Yes ☐ No

49. Do you have a need for any of the following?
(mark all that apply)
☐ Wheelchair/Mobility equipment or services
☐ Equipment or services due to a physical disability
☐ Equipment or services due to being deaf/hard of hearing
☐ Sign language interpreter
☐ Foreign language interpreter
☐ Equipment or services due to being visually impaired
☐ Child care
☐ Equipment or services due to being a frail senior
☐ Other
☐ None of the above/NA

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

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51. What help in any of the following areas is important to you? *(mark all that apply)*

- ☐ Educational improvement
- ☐ Finding or keeping a job
- ☐ Housing (basic shelter or rent subsidy) –> *(answer b)*
- ☐ Transportation
- ☐ Food supply
- ☐ Child care
- ☐ Medical care
- ☐ Dental care
- ☐ Legal issues
- ☐ Volunteer opportunities
- ☐ None of the above

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

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

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

- ☐ Extremely Severe
- ☐ Severe
- ☐ Moderate
- ☐ Mild
- ☐ Not present

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

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

For Data Entry User (DEU) only: This printable interview form must be signed by the QP who completed the interview for this consumer.

Does this printable interview form have the QP's signature (see page 1)? ☐ Yes ☐ No

NOTE: This entire signed printable interview form must be placed in the consumer's record.

End of interview

Enter data into web-based system:

http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system

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Attachment I:
NC-TOPPS Services

Periodic Services (Substance Use Disorder Consumers)

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

Community Based Services

- ☐ Substance Abuse Intensive Outpatient Program (SAIOP) - H0015
- ☐ Assertive Community Treatment Team (ACTT) - H0040
- ☐ Community Support Team (CST) - H2015, H2015 HT
- ☐ Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035
- ☐ Individual Placement and Support (IPS) Supported Employment - YP630
- ☐ Supported Employment - H2023 U4
- ☐ Transition Management Services (TMS) - YM120

Facility Based Day Services

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

Opioid Services

- ☐ Opioid Treatment - H0020

Residential Services

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

Therapeutic Foster Care Services

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

ADATC Services

- ☐ Alcohol and Drug Abuse Treatment Center

Other Services

Service Code: _____ **Service Description:** _____

Attachment II:
DSM-5 Diagnostic Classifications

Neurodevelopmental Disorders

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

Substance-Related and Addictive Disorders

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

Schizophrenia Spectrum and Other Psychotic Disorders

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

Bipolar and Related Disorders

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

Depressive Disorders

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

Anxiety Disorders

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

Obsessive-Compulsive and Related Disorders

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

Trauma- and Stressor-Related Disorders

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

Dissociative Disorders

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

Disruptive, Impulse-Control, and Conduct Disorders

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

Gender Dysphoria Disorders

- ☐ Gender Dysphoria Disorders (302.6, 302.85)

Neurocognitive Disorders

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

Personality Disorders

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

Feeding and Eating Disorders

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

Other Disorders

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