# NC-TOPPS Mental Health and Substance Use Disorder

## Adult (Ages 18 and up) Initial 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)**

**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:**

**Tailored Plan Assigned Consumer Record Number:**

**Consumer Date of Birth:** / /

**Consumer Gender Assigned at Birth:**

☐ 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 ICD-10-CM diagnosis code(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 - Project CARA - Buncombe County
- ☐ NC PPW - Project CARA - 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
☐ White/Anglo/Caucasian
☐ Multiracial
☐ American Indian/Native American
☐ Alaska Native
☐ Asian
☐ Pacific Islander
☐ Other

**13. Which of the following best describes your sexual orientation?**

☐ Straight
☐ Lesbian or Gay
☐ Bisexual
☐ Other
☐ Don't know/Not sure
☐ 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
☐ SSI
☐ SSDI
☐ Private insurance/health plan
☐ TRICARE/Military Coverage
☐ Health Choice
☐ Medicaid
☐ Medicare
☐ Other
☐ Unknown

**18. What is the highest grade you completed or degree you received in school?**

☐ Grade K, 1, 2, 3, 4, or 5
☐ Grade 6, 7, or 8
☐ Grade 9, 10, 11, or 12 (no diploma)
☐ HS diploma/GED
☐ Some college or technical/vocational school
☐ 2-year college/assoc. degree
☐ 4-year college degree
☐ Graduate work, no degree
☐ Professional degree or more

**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 21)*
☐ Not in labor force (not seeking work) *–> (answer c)*

b-1. If *employed,* what best describes your job classification?

☐ Professional, technical, or managerial
☐ Clerical or sales
☐ Service occupation
☐ Agricultural or related occupation
☐ Processing occupation
☐ Machine trades
☐ Bench work
☐ Structural work
☐ Miscellaneous occupation (other)

b-2. If *employed,* what employee benefits do you receive? *(mark all that apply)*

☐ Insurance
☐ Paid time off
☐ Meal/Retail discounts
☐ Other
☐ None

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

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

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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**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 5 years
☐ Within the past year ☐ More than 5 years ago
☐ Within the past 2 years

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

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

**26. Would you say that in general your health is:**

☐ Excellent ☐ Poor
☐ Very good ☐ Don't know/Not sure
☐ Good ☐ Refuse
☐ Fair

**27. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?**

Number of days: ☐☐ ☐ None ☐ Don't know ☐ Refused

**28. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?**

Number of days: ☐☐ ☐ None ☐ Don't know ☐ Refused

**29. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation?**

Number of days: ☐☐ ☐ None ☐ Don't know ☐ Refused

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

☐ Yes ☐ No –> *(skip to 31)* ☐ Unsure –> *(skip to 31)*

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

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

☐ Yes ☐ No –> *(skip to 32)*

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 32)*

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

**32. 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 33)* ☐ 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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**33. For Adult MH only individual:**
**In the past year, have you used tobacco/vaping products or alcohol?**
☐ Yes ☐ No

**34. For Adult MH only individual:**
**In the past year, have you used illicit drugs or other substances other than tobacco/vaping products and alcohol?**
☐ Yes ☐ No –> *(skip to 37 if 'No' is answered on both questions 33 and 34)*

**35. 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/vaping use *(any tobacco/vaping products)* | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Heavy alcohol use *(>=5(4) drinks per sitting)* | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Less than heavy alcohol use | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Marijuana or hashish use | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Cocaine or crack use | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Heroin use | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Fentanyl use | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other opiates and synthetics | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other drug use ☐☐ (enter code from list) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**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
62=Cannabinoids

**36. If *tobacco/vaping use is selected from Substance,* identify up to two of the most often used tobacco/vaping products:**

☐ Cigarettes
☐ E-cigarettes
☐ Cigars/Cigarillos/Little Cigars
☐ SmokelessTobacco/Chewing Tobacco/Chew/Snuff/Snus
☐ Dissolvable Tobacco as in Strips/Sticks/Orbs
☐ Hookah
☐ Heated Tobacco Products
☐ "Tobacco free" Nicotine Pouches (ex. Zyn)
☐ Blunts
☐ Other Tobacco Product

**37. 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

**38. 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

**39. In the past 3 months, how often have you been hit, kicked, slapped or otherwise physically hurt?**
☐ Never –> *(skip to 40)*
☐ A few times
☐ More than a few times
☐ Deferred –> *(skip to 40)*
b. In the past 7 days, have been hit, kicked, slapped, or otherwise physically 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

**40. 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

**41. 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

**42. 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

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

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

**45. 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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**46. Are you under the supervision of the criminal justice system?**
☐ Yes ☐ No

**47. 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)*

**48. 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

**49. 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

**50. 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)

**51. 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 | ☐ | ☐ | ☐ | ☐ |

**52. 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

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

**54. 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

**55. 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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**56. 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

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

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

**58. 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**

***Do not mail this form***

# 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:
# ICD-10-CM Diagnosis Codes

## Neurodevelopmental Disorders

- ☐ Learning Disorders (F81.0, F81.2, F81.81, F81.89)
- ☐ Communication Disorders (F80.81, F80.89, F80.9)
- ☐ Intellectual Disabilities (F70, F71, F72, F73, F79, F88)
- ☐ Motor and Tic Disorders (F82, F95.0, F95.1, F95.2, F95.9, F98.4)
- ☐ Autism Spectrum Disorder (F84.0)
- ☐ Attention-Deficit/Hyperactivity Disorder (F90.0, F90.1, F90.2, F90.9)
- ☐ Other Neurodevelopmental Disorders (F81.9, F88, F89)

## Substance-Related and Addictive Disorders

- ☐ Alcohol-Related Disorders (F10.10, F10.20)
- ☐ (Other) Drug-Related Disorders (F11.10, F11.20, F12.10, F12.20, F13.10, F13.20, F14.10, F14.20, F15.10, F15.20, F16.10, F16.20, F18.10, F19.20)
- ☐ Gambling Disorder (F63.0)

## Schizophrenia Spectrum and Other Psychotic Disorders

- ☐ Schizophrenia and Other Psychotic Disorders (F06.0, F06.1, F06.2, F20.81, F20.9, F22, F23, F25.9, F29)

## Bipolar and Related Disorders

- ☐ Bipolar I Disorder (F31.10, F31.11, F31.12, F31.13, F31.30, F31.31, F31.32, F31.4, F31.5, F31.73, F31.74, F31.75, F31.76, F31.9)
- ☐ Bipolar II Disorder (F31.81)
- ☐ Cyclothymic Disorder (F34.0)

## Depressive Disorders

- ☐ Major Depressive Disorder (F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.42, F33.9)
- ☐ Persistent Depressive Disorder (Dysthymia) (F34.1)
- ☐ Other Depressive Disorders (F32.9, F34.8, N94.3)

## Anxiety Disorders

- ☐ Anxiety Disorders (F40.02, F40.10, F40.218, F40.240, F40.241, F40.8, F41.0, F41.1, F41.8, F41.9, F91.2, F93.0)

## Obsessive-Compulsive and Related Disorders

- ☐ Obsessive-Compulsive and Other Related Disorders (F42, F45.21, F45.22, F63.3, F63.89, L98.1)

## Trauma- and Stressor-Related Disorders

- ☐ Posttraumatic Stress Disorder (PTSD) (F43.10, F43.12)
- ☐ Adjustment Disorders (F43.21, F43.22, F43.23, F43.24, F43.25)
- ☐ Other Trauma- and Stressor-Related Disorders (F43.0, F43.20, F43.8, F93.8, F94.1, F98.8)

## Dissociative Disorders

- ☐ Dissociative disorders (F44.0, F44.1, F44.81, F44.9, F48.1)

## Disruptive, Impulse-Control, and Conduct Disorders

- ☐ Conduct Disorder (F91.1, F91.2, F91.8)
- ☐ Oppositional Defiant Disorder (F91.3)
- ☐ Impulse Control Disorders (F63.1, F63.2, F63.81)
- ☐ Other Disruptive Behavior Disorders (F91.8, F91.9)

## Gender Dysphoria Disorders

- ☐ Gender Dysphoria Disorders (F64.1, F64.2)

## Neurocognitive Disorders

- ☐ Delirium Disorders (F05, F19.921, R40.0, R40.1)
- ☐ Major and Mild Neurocognitive Disorders (F01.50, F02.80, F02.81, G31.84, G31.9, R41.89)

## Personality Disorders

- ☐ Cluster A Personality Disorders (F21, F60.0, F60.1)
- ☐ Cluster B Personality Disorders (F60.2, F60.3, F60.4, F60.81)
- ☐ Cluster C Personality Disorders (F60.5, F60.6, F60.7)
- ☐ Other Personality Disorders (F60.89, F60.9)

## Feeding and Eating Disorders

- ☐ Anorexia Nervosa (F50.00)
- ☐ Other Feeding and Eating Disorders (F50.2, F50.8, F50.9, F98.21, F98.29, F98.3)

## Other Disorders

- ☐ Somatic Symptom and Related Disorders (F44.4, F45.1, F45.21, F45.22, F45.8, F45.9, F48.8, F54, F68.8)
- ☐ Elimination Disorders (F98.0, F98.1, N39.498, R15.9, R32)
- ☐ Sexual Dysfunction Disorders (F52.0, F52.1, F52.21, F52.31, F52.32, F52.4, F52.6, F52.8, R37)
- ☐ Sleep-Wake Disorders (F51.3, F51.8, G25.81, G47.00, G47.10, G47.30, G47.31, G47.33, G47.34, G47.35, G47.36, G47.411, G47.419, G47.52, G47.8, R06.3)
- ☐ Paraphilic Disorders (F65.0, F65.1, F65.2, F65.3, F65.4, F65.51, F65.52, F65.81, F65.89, F65.9, F66)
- ☐ Other Conditions That May Be a Focus of Clinical Attention
- ☐ Other Mental Disorders and Conditions (any codes not listed above)