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)

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:

☐ 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 has received services and supports. *(mark all that apply)*

☐ Adolescent Mental Health, age 12-17
☐ Adolescent Substance Use Disorder, age 12-17

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

Begin Interview

1. Please select all services the consumer has received for this episode of care. *(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
☐ qualified professional in both substance use disorders and mental health

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

☐ Completed treatment
☐ Discharged at program initiative
☐ Refused treatment
☐ Did not return as scheduled within 60 days ➡ *(skip to end of interview)*
☐ Changed to service not required for NC-TOPPS
☐ Moved out of area or changed to different Tailored Plan or Children and Families Specialty Plan
☐ Incarcerated
☐ Institutionalized
☐ Died ➡ *(skip to end of interview)*
☐ Other

4. Please indicate the ICD-10-CM diagnosis code(s) for this individual. *(See Attachment II)*

5. <u>For Female Adolescent Substance Use Disorder individual:</u> Is this consumer enrolled in a specialty program for maternal, pregnant, perinatal, or post-partum?

☐ Yes ☐ No ➡ *(skip to 6)*

b. Which specialty program for maternal, pregnant, perinatal, or post-partum is this consumer enrolled in?

☐ Coastal Horizons - Flourishing Families
☐ Community Choices - CASCADE - Charlotte
☐ Community Choices - Outpatient Program - Charlotte
☐ Insight Human Services - Perinatal Health Partners
☐ Insight Human Services - WISH Program
☐ RHA - Mary Benson House
☐ RHCC - Cambridge Place - Perinatal
☐ RHCC - Grace Court - Perinatal
☐ RHCC - Our House
☐ RHCC - The Village - Perinatal/Maternal
☐ Southlight - Perinatal Residential
☐ UNC Horizons - Outpatient Program - Orange
☐ UNC Horizons - Outpatient Program - Wake
☐ UNC Horizons - Sunrise Perinatal

6. <u>For Female Adolescent Substance Use Disorder individual:</u> Is this consumer enrolled in a CASAWORKS Residential program?

☐ Yes ☐ No ➡ *(skip to 7)*

b. Which CASAWORKS Residential program is this consumer enrolled in?

☐ Community Choices - CASCADE CASAWORKS - Charlotte
☐ RHCC - Cambridge Place - CASAWORKS
☐ RHCC - Grace Court - CASAWORKS
☐ RHCC - The Village - CASAWORKS
☐ Southlight - CASAWORKS
☐ UNC Horizons - Sunrise CASAWORKS

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

☐ All or most of the time ☐ Sometimes ☐ Rarely or never

8. <u>For Adolescent Substance Use Disorder individual:</u> Number of drug tests conducted and number positive in the past 3 months: *(Do not count if Positive for Medications for Opioid Use Disorder (MOUD) only)*

a. Number Conducted _____ *(enter zero, if none and skip to 9)*

b. Number Positive _____ *(enter zero, if none and skip to 9)*

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

Alcohol	THC	Opiates	Benzodiazepine

Cocaine	Amphetamines	Barbiturates	Xylazine

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

- ☐ Educational improvement
- ☐ Finding or keeping a job
- ☐ Housing (basic shelter or rent subsidy)
- ☐ Transportation
- ☐ Food supply ➔ *(answer b)*
- ☐ Childcare
- ☐ Medical care
- ☐ Dental care
- ☐ Screening/Treatment referral for HIV/TB/HEP
- ☐ Legal issues
- ☐ Volunteer opportunities
- ☐ None of the above

b. If *food supply*, how helpful have the program services been in supplying food as needed?

☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

10. In the past 3 months, has the individual's family, guardian, or significant other been involved in any contact with staff concerning any of the following? *(mark all that apply)*

- ☐ Treatment services
- ☐ Person-centered planning
- ☐ None of the above

Section II: Complete items 11-37 using information from the individual's interview (preferred) or consumer record

11. How are the next section's items being gathered? *(mark all that apply)*

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

12. Which of the following best describes your sexual orientation?

- ☐ Straight
- ☐ Lesbian or Gay
- ☐ Bisexual
- ☐ Other
- ☐ Don't know/Not sure
- ☐ Deferred

13. 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

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

- ☐ No difficulties prevented you from entering treatment
- ☐ Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)
- ☐ Active substance 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)

15. Are you currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree? (Enrolled includes school breaks, suspensions, and expulsions)

☐ Yes ☐ No ➔ *(skip to 21)*

b. What program(s) are you currently enrolled in for credit? *(mark all that apply)*

- ☐ Alternative Learning Program (ALP)/School
- ☐ Academic schools (K-12)
- ☐ Private Home School by parents/guardians
- ☐ Homebound Instruction by public/private school
- ☐ Incarceration/Detention/Youth Development Centers
- ☐ Technical/Vocational school ➔ *(skip to 21)*
- ☐ Early college high school ➔ *(skip to 21)*
- ☐ College ➔ *(skip to 21)*
- ☐ GED Program, Adult literacy ➔ *(skip to 21)*
- ☐ Other ➔ *(skip to 21)*

16. Do you have an Individualized Education Program (IEP) (program or plan for special education and related services)?

☐ Yes ☐ No

17. What grade are you currently in? ☐☐

18. Since beginning treatment, your school attendance has...

☐ improved ☐ stayed the same ☐ gotten worse

19. For your most recent reporting period, what grades did you get most of the time? *(mark only one)*

☐ A's ☐ B's ☐ C's ☐ D's ☐ F's ☐ School does not use traditional grading system

b. If school does not use traditional grading system, for your most recent reporting period, did you pass or fail most of the time?

☐ Pass ☐ Fail

20. In the past 3 months, have you been...

a. suspended from school?

☐ Yes ☐ No

b. expelled from school?

☐ Yes ☐ No

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21. Currently, 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 22)*
- ☐ Not in labor force (not seeking work) ➔ *(skip to 22)*

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

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

a. extracurricular activities?

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

b. recovery support or mutual aid groups?

☐ Never ➔ *(skip to 23)* ☐ 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

23. 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

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

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

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

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

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

☐☐ *(enter zero, if none)*

27. Currently, where do you live?

- ☐ In a family setting (private or foster home) ➔ *(skip to 28)*
- ☐ Residential program (group home, PRTF) ➔ *(answer b)*
- ☐ Institutional setting (hospital or detention center/jail) ➔ *(skip to 28)*
- ☐ Homeless ➔ *(answer c)*
- ☐ Temporary housing ➔ *(answer d)*

b. If *residential program*, please specify the type of residential program you currently live in.

- ☐ Therapeutic foster home
- ☐ Level III group home
- ☐ Level IV group home
- ☐ State-operated residential treatment center
- ☐ Psychiatric Residential Treatment Facility (PRTF)
- ☐ Substance use disorder residential treatment facility
- ☐ Halfway house (for Adolescent SUD only individual)
- ☐ Other

c. If *homeless*, please specify your living situation currently.

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

d. If *temporary housing*, please specify your living situation currently.

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

28. Was this living arrangement in your home community?

☐ Yes ☐ No

29. In the past 3 months, have you received any residential services outside of your home community?

☐ Yes ☐ No

30. For Adolescent MH only individual:
In the past 3 months, have you used tobacco/vaping products or alcohol? ☐ Yes ☐ No

31. For Adolescent MH only individual:
In the past 3 months, have you used illicit drugs or other substances other than tobacco/vaping products and alcohol?

☐ Yes ☐ No ➔ *(skip to 34 if 'No' is answered on both questions 30 and 31)*

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

Substance	Past Month - Frequency of Use				
	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily
Tobacco/vaping *(any tobacco/vaping products)*	☐	☐	☐	☐	☐
Heavy alcohol *(>=5(4) drinks per sitting)*	☐	☐	☐	☐	☐
Less than heavy alcohol	☐	☐	☐	☐	☐
Marijuana or hashish	☐	☐	☐	☐	☐
Cocaine or crack	☐	☐	☐	☐	☐
Heroin	☐	☐	☐	☐	☐
Fentanyl	☐	☐	☐	☐	☐
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
62=Cannabinoides
63=Xylazine

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33. 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

34. For Adolescent MH individual:
In general, since entering treatment your involvement in the criminal/juvenile justice system has...

- ☐ Increased
- ☐ Decreased
- ☐ Stayed the same

35. In the past month, how many times have you been arrested or had a petition filed for any offense including DWI? *(enter zero, if none)* ☐☐

36. Do you have a Court Counselor or are you under the supervision of the justice system (adult or juvenile)?
☐ Yes ☐ No

37. For Female Adolescent Substance Use Disorder individual: Do you have children?
☐ Yes ☐ No ➔ *(skip to 38)*

b. How many children do you have? ☐☐

c. Since the last interview, how many children have you...

- c-1. gained legal custody of? ☐☐
- c-2. lost legal custody of? ☐☐
- c-3. begun seeking legal custody of? ☐☐
- c-4. stopped seeking legal custody of? ☐☐
- c-5. continued seeking legal custody of? ☐☐

d. Since the last interview, how many newborn baby(ies) have been removed from your legal custody? ☐☐

e. Since the last interview, how many children have your parental rights been terminated from? ☐☐

f. How many children in your legal custody are receiving preventative 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. Since the last interview, have you been investigated by DSS for child abuse or neglect?
☐ Yes ☐ No ➔ *(answer 38)*

h-1. Was the investigation due to an infant having a positive urine, meconium or cord segment drug screen?
☐ Yes ☐ No ☐ NA

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

38. Is the individual present for an in-person or telephone interview or have you directly gathered information from the individual within the past two weeks?
☐ Yes - Complete items 39-58 ☐ No - Stop here

39. Females only: Are you currently pregnant?
☐ Yes ☐ No *(skip to 40)* ☐ Unsure *(skip to 40)*

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

40. Females only: Have you given birth in the past year?
☐ Yes ☐ No ➔ *(skip to 41)*

b. For Adolescent Substance Use Disorder individual:
How long ago did you give birth?

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

c. Did you receive prenatal care during pregnancy?
☐ Yes ☐ No

d. For Adolescent Substance Use Disorder individual:
What was the number of weeks gestation? ☐☐

e. For Adolescent Substance Use Disorder individual:
What was the birth weight? ☐☐ pounds ☐☐ ounces

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

- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Baby is deceased ➔ *(skip to 41)*
- ☐ Baby is not in your custody ➔ *(skip to 41)*

g. Is the baby receiving regular Well Baby/Health Check services?
☐ Yes ☐ No

41. Since the last interview, have you visited a physical health care provider for a routine check up?
☐ Yes ☐ No

42. Since the last interview, have you visited a dentist for a routine check up?
☐ Yes ☐ No

43. Would you say that in general your health is:

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

44. 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

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45. 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

46. 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

47. How many active, stable relationship(s) with adult(s) who serve as positive role models do you have? *(i.e., member of clergy, neighbor, family member, coach)*

☐ None
☐ 1 or 2
☐ 3 or more

48. 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)

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

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

50. <u>For Adolescent Substance Use Disorder individual:</u>
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

51. In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt?

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

52. In the past 3 months, how often have <u>you</u> hit, kicked, slapped, or otherwise physically hurt someone?

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

53. 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)?

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

54. Since the last interview, how often have you had thoughts of suicide?

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

55. Since the last interview, have you attempted suicide?

☐ Yes ☐ No

56. In the past 3 months, how well have you been doing in the following areas of your life?

	Excellent	Good	Fair	Poor
a. Emotional well-being	☐	☐	☐	☐
b. Physical health	☐	☐	☐	☐
c. Relationships with family or friends	☐	☐	☐	☐
d. Living/Housing situation	☐	☐	☐	☐

57. 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 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

58. How helpful have the program services been in...

a. improving the quality of your life?
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

b. decreasing your symptoms?
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

c. increasing your hope about the future?
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

d. increasing your control over your life?
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

e. improving your educational status?
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

<u>For Data Entry User (DEU) only:</u>
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:

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<u>Do not mail this form</u>

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
- ☐ Child Assertive Community Treatment (ACTT) - H0040 HA
- ☐ 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
- ☐ High Fidelity Wraparound - H0032 UF

Facility Based Day Services

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

Opioid Services

- ☐ Opioid Treatment - H0020

Residential Services

- ☐ Clinically Managed Residential Services - H0012 HA
- ☐ Medically Monitored Intensive Inpatient Services - 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

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)