

North Sound Mental Health Administration Utilization Guidelines for Children and Adolescents

The information below is meant to serve as a guideline. A consumer may receive services not designated in his/her level of care if appropriate. NSMHA approval is required for some services prior to delivery of the service.

Please refer to the Service Encounter Reporting Instructions for appropriate CPT and HCPCS codes.

Assigned Level of Care	NSMHA Services
Level 1	<p>Guideline: 1-10 Hours/Average: 5 per year</p> <ul style="list-style-type: none"> • Outpatient Services: Brief Intervention Treatment, Comprehensive Community Support Services, CBT, Trauma Focused CBT, Individual Treatment, Therapeutic Psychoeducation (individual or family), Family Treatment, Group Treatment • Medication Services: Medication Management • Peer Services: Parent to Parent • Other Services: Special Population Evaluation
Level 2	<p>Guideline: 11-30 Hours/Average: 20 per year</p> <ul style="list-style-type: none"> • Outpatient Services: Comprehensive Community Support Services, CBT, Trauma Focused CBT, Co-Occurring Treatment, DBT, Individual Treatment, Therapeutic Psychoeducation (individual or family), Family Treatment, Group Treatment • Medication Services: Medication Management • Peer Services: Parent to Parent • Other Services: Psychological Assessment, Special Population Evaluation
Level 3	<p>Guideline: 31-60 Hours/Average: 40 per year</p> <ul style="list-style-type: none"> • High Intensity Treatment: High Intensity Treatment Services (System of Care/Wraparound)*, CHAP* • Outpatient Services: Comprehensive Community Support Services, CBT, Trauma Focused CBT, Co-Occurring Treatment, DBT, Individual Treatment, Therapeutic Psychoeducation (individual or family), Family Treatment, Group Treatment • Rehabilitation Services: Day Support/Adolescent*, Day Support/Elementary Ages* • Medication Services: Medication Management, Medication Monitoring • Peer Services: Parent to Parent • Other Services: Psychological Assessment, Special Population Evaluation
Level 4	<p>Guideline: 61+ Hours/Average: 80 per year</p> <ul style="list-style-type: none"> • High Intensity Treatment: High Intensity Treatment

	<p>Services (System of Care/Wraparound)*, CHAP*</p> <ul style="list-style-type: none"> • Outpatient Services: Comprehensive Community Support Services, CBT, Trauma Focused CBT, Co-Occurring Treatment, DBT, Individual Treatment, Therapeutic Psychoeducation (individual or family), Family Treatment, Group Treatment • Rehabilitation Services: Day Support/Adolescent*, Day Support/Elementary Ages* • Medication Services: Medication Management, Medication Monitoring • Peer Services: Parent to Parent • Other Services: Psychological Assessment, Special Population Evaluation, Respite Care (planned)
Level 5	<p>Guideline: 61+ Hours/Average: 80 per year</p> <p>The hours noted are for provision of outpatient mental health services for clients in a residential setting. The hours are not applicable to services that are associated with residential services such as room and board. Residential services for children/adolescents are not currently available in this region. For consumers for whom it is determined Level 5 services are needed, services which approximate this level of care should be provided.</p>
Level 6	<p>Guideline: 61+ Hours/Average: 80 per year</p> <p>Inpatient services are separately authorized based on medical necessity and admission criteria and are not dependent on the consumer's CALOCUS level. For consumers for whom it is determined Level 6 services are needed, but who are not certified for inpatient care, services which approximate this level of care should be provided.</p>

**NSMHA approval required prior to receiving this service.*