

North Sound Mental Health Administration Utilization Guidelines for Adults and Older Adults

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, Individual Treatment, Therapeutic Psychoeducation (individual or family), Family Treatment, Group Treatment • Medication Services: Medication Management • Mental Health Clubhouse • Peer Services: Peer Support • 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, Co-Occurring Treatment, DBT, Individual Treatment, Therapeutic Psychoeducation (individual or family), Family Treatment, Group Treatment • Rehabilitation Services: Supported Employment • Medication Services: Medication Management • Mental Health Clubhouse • Peer Services: Peer Support • 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: Integrated Dual Disorder Treatment*, Intensive Outpatient Services* • Outpatient Services: Comprehensive Community Support Services, CBT, Co-Occurring Treatment, DBT, Individual Treatment, Therapeutic Psychoeducation (individual or family), Family Treatment, Group Treatment • Rehabilitation Services: Supported Employment, Day Support* • Medication Services: Medication Management, Medication Monitoring • Mental Health Clubhouse • Peer Services: Peer Support • Other Services: Psychological Assessment, Special Population Evaluation, Medicaid Personal Care*

Assigned Level of Care	NSMHA Services
<p style="text-align: center;">Level 4</p>	<p style="text-align: center;">Guideline: 61+ Hours/Average: 80 per year</p> <ul style="list-style-type: none"> • High Intensity Treatment: PACT*, Integrated Dual Disorder Treatment*, Intensive Outpatient Services* • Outpatient Services: Comprehensive Community Support Services, CBT, Co-Occurring Treatment, DBT, Individual Treatment, Therapeutic Psychoeducation, Family Treatment, Group Treatment • Rehabilitation Services: Supported Employment, Day Support* • Medication Services: Medication Management, Medication Monitoring • Mental Health Clubhouse • Peer Services: Peer Support • Other Services: Psychological Assessment, Special Population Evaluation, Medicaid Personal Care*, Respite Care (planned)
<p style="text-align: center;">Level 5</p>	<p style="text-align: center;">Guideline: 61+ Hours/Average: 80 per year</p> <p>The hours noted are for provision of outpatient mental health services for consumers in a residential setting. The hours are not applicable to services that are associated with residential services such as room and board. Residential services are separately approved based on specific admission criteria. For consumers for whom it is determined Level 5 services are needed, but who are not approved for residential care, services which approximate this level of care should be provided.</p>
<p style="text-align: center;">Level 6</p>	<p style="text-align: center;">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 LOCUS 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.*