INTRODUCTION

Medicare Coverage Summaries synopsize guidance provided in CMS’ National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs), and are used to make medical necessity determinations for Medicare behavioral health benefits managed by Optum and U.S. Behavioral Health Plan, California (doing business as OptumHealth Behavioral Solutions of California ("Optum-CA")).

In the event that CMS does not provide a NCD or a LCD for a particular State, jurisdiction, condition or service, Optum’s Level of Care Guidelines should be used for medical necessity decisions along with the member’s benefit plan.

Before using this guideline, please check the member’s specific benefit plan requirements and any federal or state mandates, if applicable.

HOME HEALTH PSYCHIATRIC CARE

The following describes Medicare covered outpatient psychiatry and psychology services according to existing Local Coverage Determinations (LCDs).

Home Health Psychiatric Care services are behavioral health services provided to homebound members suffering from a diagnosed psychiatric disorder that confine(s) the member to the home and the member requires active treatment by a psychiatrically trained Registered Nurse (RN) and if indicated, a Master of Social Work (MSW).

- Psychiatric RNs provide skilled nursing services such as evaluation, therapy and teaching/training to members diagnosed with a psychiatric condition.
- MSWs provide medical social services in addition to skilled nursing services to resolve social or emotional problems that are an impediment to effective treatment/recovery.
APPLICABLE STATES

Outpatient Psychiatric and Psychological Services

Home Health Psychiatric Care coverage is only applicable in the following States/jurisdictions at the time this guideline was written (CMS LCD, 2017). If services are not provided in one of the following states, please apply the Optum Level of Care Guidelines:

- Alabama
- Arkansas
- Florida
- Georgia
- Illinois
- Indiana
- Kentucky
- Louisiana
- Mississippi
- New Mexico
- North Carolina
- Ohio
- Oklahoma
- South Carolina
- Tennessee
- Texas

The following are examples of services that are limited or excluded as part of Home Health Psychiatric Care. The following list may not be all-inclusive (CMS LCD, 2017):

- Home Health services in duplication of a service already being provided (e.g., psychiatric skill nursing and medical social services that overlap).
- Agencies that primarily provide care and treatment of mental diseases cannot provide psychiatric nursing services as Home Health Agencies. Psychiatric nursing must be furnished by an agency that does not primarily provide care and treatment of mental diseases.
- Services of a psychiatric nurse to assess or monitor use of psychoactive drugs that are being used for non-psychiatric diagnoses or to monitor the condition of a patient with a known psychiatric illness who is on treatment but is considered stable.
  - A person on treatment would be considered stable if their symptoms were absent or minimal or if symptoms were present but were relatively stable and did not create a significant disruption in the patient's normal living situation.
- Group interventions as treatment in Home Health must be individualized.
- Transportation of the member for any purpose.
- Housekeeping services (e.g., cooking, shopping, cleaning, laundry).
- Medical social services provided to family members that are not incidental to covered services.

Home Health Psychiatric Care Service Criteria

Admission Criteria

- The member has been diagnosed with a psychiatric condition as defined in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) and the member is confined to the home as indicated by all of the following (CMS LCD, 2017):
  - There exists an inability to leave home and, consequently, leaving the home would require a considerable and taxing effort;
  - The member is considered to be homebound if his/her condition is manifested in part by a refusal to leave the home, or is of such a nature that it would not be considered safe for him/her to leave home unattended even if he/she has no physical limitations.
  - If a member does in fact leave the home, the member may nevertheless be considered homebound if the absences from the home are infrequent or for relatively short duration, or are attributable to the need to receive medical treatment.

AND

- The following conditions may support a psychiatric homebound determination (CMS LCD, 2017):
  - Agoraphobia or Panic Disorder;
  - Disorders of thought processes wherein the severity of delusions, hallucinations, agitation and/or impairments of thoughts/cognition grossly affect the member’s judgment and decision making, and therefore the member’s safety;
  - Acute depression with severe vegetative symptoms;
• Behavioral health problems associated with medical problems that render the member homebound.

AND
• Services must be provided under a Home Health Plan of Care approved by the treating physician (CMS LCD, 2017).

AND
• Services must be reasonable and necessary for treating the patient’s psychiatric diagnosis and/or symptoms (CMS LCD, 2017).

AND (If Indicated)
• Skilled psychiatric services provided by a Registered Nurse are required such as observation, assessment, teaching, training activities, management and evaluation of the care plan, or behavioral/cognitive interventions (CMS LCD, 2017).

Continued Stay Criteria
• The member continues to meet the admission criteria for the need for skilled nursing psychiatric services and if indicated, medical social services based on an individualized assessment of the member’s clinical condition.

AND
• The Home Health record at each visit documents the need for psychiatric skilled nursing services provided by an RN and if indicated, medical social services provided by an MSW, and must reflect the member’s response to any intervention provided (CMS LCD, 2017).

AND
• The member requires services to maintain the member’s current condition or to prevent or slow further deterioration.

Discharge Criteria
• Patients should cease receiving psychiatric home health services when:
  o Physician orders discharge
  o Patient discontinues/refuses service with physician or nurse
  o Patient is not compliant with the treatment plan, despite appropriate provider interventions
  o Patient/family requests discharge
  o The treatment objectives and stated functional outcome goals have been attained or are no longer attainable
  o The patient is no longer homebound
  o Other appropriate discharge protocols, e.g., the patient moves or is transferring to another agency, etc.
  o Establish a maintenance program, if appropriate.

Clinical Best Practices
• Psychiatrically trained nurses must have special training and/or experience beyond the standard curriculum required for a Registered Nurse (RN). RNs who meet the following qualifications may provide psychiatric evaluation and therapy to Medicare Home Health members under a plan of care established and reviewed by the treating physician. RNs must meet one of the following (CMS LCD, 2017):
  o RN with a Master’s degree with a specialty in psychiatric mental health nursing and licensed within the state where practicing.
    ▪ The RN must have nursing experience within the last 3 years in an acute treatment unit in a psychiatric hospital, psychiatric home care, psychiatric partial hospitalization program, or other outpatient psychiatric services.
  o An RN with a Bachelor’s degree in nursing and licensed in the state where practicing.
    ▪ The RN must have two years of recent nursing experience within the last 3 years in an acute treatment unit in a psychiatric hospital, psychiatric home care, psychiatric partial hospitalization program, or other outpatient psychiatric services.
  o An RN with a Diploma or Associate’s degree in nursing and licensed in the state where practicing.
    ▪ The RN must have 2 years of recent experience within the last 3 years in an acute treatment unit in a psychiatric hospital, psychiatric home care, psychiatric partial hospitalization program or other outpatient psychiatric services.
It is highly recommended that psychiatric RNs also have medical/surgical nursing experience because many psychiatric patients meet homebound criteria due to physical illness.

Medical Social Workers with a Master’s in Social Work (MSW) or Social Work Assistants under the supervision of an MSW

**Evaluation and Treatment Planning**

- The member must have a diagnosis in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, DSM-5 and is documented and available in the medical record.
- The member is under the care of a physician who is qualified to sign the physician’s certification and recertify the plan of care at least every 60 days. The physician’s evaluation and subsequent certifications must become part of the member's medical record.
- Reasonable goals must be established and there must be a reasonable expectation that the goals will be achieved.
  - Decreasing and/or shortening inpatient and emergency room care may be a goal for the member’s plan of care.
- A Home Health plan of care must be completed and emphasis must be placed on documentation of mental status and skills necessary to treat the psychiatric diagnosis.

**The Physician:**
- Certifies/recertifies the member’s homebound status;
- Approves Home Health plan of care which must be signed and dated prior to billing for services;
- Prescribes medications as necessary; and
- Provides supplemental orders when medically necessary.

**The Registered Psychiatric Nurse:**
- Makes initial assessment visit utilizing assessment skills;
- Manages medical illness/permforms psycho-biological interventions;
- Evaluates, teaches and reviews medications and compliance; administers intramuscular (IM) or Intravenous (IV) medications;
- Manages situational or other crises; performs assessment of potential self-harm or harm to others, and refers to the treating physician as necessary;
- Teaching and training activities with the member, the member’s family, or caregivers on how to manage the treatment regimen such as:
  - Self-care, mental and physical well-being, promotion of independence and member rights;
  - Teaching and training that is either reinforcing skills learned in a previous level of care or initiating skill training for the first time.
  - Re-teaching or retraining may be considered where there is a change in the procedure or member’s condition requiring re-teaching or retraining the member or the member’s caregivers. The medical record must reflect why re-training/retraining is needed.
- Promotes and encourages member/caregiver to maintain a therapeutic environment;
- Provides supportive psychotherapy and interventions according to education and licensure (e.g., psychoeducation, teaching/training with disease process, symptom management, coping skills and problem solving);
- Provides evaluation and management of the member’s plan of care.

**The Medical Social Worker:**
- Provides services to resolve social or emotional problems which are or are expected to be, an impediment to the effective treatment of the member’s condition or his/her rate of recovery;
- Indicates in the plan of care that the specific skills of a qualified MSW are required to safely and effectively provide the needed care.
- Assesses the social and emotional factors related to the member’s illness, the need for care, response to treatment and adjustment to care;
- Assesses the relationship of the member’s medical and nursing requirements to the member’s home situation, financial resources, and availability of community resources;
- Provides counseling for the treatment of the member’s psychiatric condition (e.g., psychotherapy, treatment);
- Provides brief counseling (two or three visits) for the member’s family or caregivers when necessary to resolve problems that are a clear and direct impediment to the treatment of the member’s illness or injury or rate of recovery;
- Providing access to community resources is assist in resolving the member’s problem.

"Confined to the Home” or “Homebound” means that the condition of the member is such that there exists an inability to leave home and, consequently, leaving the home would require a considerable and taxing effort. For psychiatric patients, if his/her illness is manifested by a refusal to leave the home, or is of such a nature that it would not be considered safe for him/her to leave home unattended even if he/she has not physical limitations.
Home Health is considered “reasonable and necessary” if the service is:

Safe and effective; Not experimental or investigational; and Appropriate, including the duration and frequency that is considered appropriate for the service, in terms of whether it is:

- Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient’s condition or to improve the function of a malformed body member;
- Furnished in a setting appropriate to the patient’s medical needs and condition;
- Ordered and furnished by qualified personnel;
- One that meets, but does not exceed, the patient’s medical need; and
- At least as beneficial as an existing and available medically appropriate alternative.

REFERENCES


HISTORY/REVISION INFORMATION

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