

## **Mental Health Home Health Services - Adult**

### **Definition**

Mental Health Home Health Services are provided to clients in their place of residence. (The place of residence does not include a hospital, skilled nursing facility, day rehab or residential rehab facility, or adult day treatment facility.) The home health service is provided by a licensed registered nurse to clients who are unable to access office-based services. The service is necessary to continue and maintain a comprehensive plan of care. This service is only available to homebound. (“Homebound” is defined as an individual whose medical or psychiatric condition restricts their ability to leave home safely without the assistance or supervision of another individual or without the assistance of a supportive device and the patient leaves home only to receive medical/psychiatric treatment or leaves home infrequently for non-medical purposes.”) Typically the client has a very poor support system within the community, (no family or interested party to act as caretaker, family members or interested parties exist but have poor insight into the client’s psychiatric condition and have no positive impact in assisting in the improvement of the client’s psychiatric/medical condition). Services may include medication administration, assistance in setting up a medication system, teaching and monitoring of medication, and observation of the physical well-being in relation to medication side effects. The service is intended to support and facilitate increased coordination with rehabilitation services such as community support services. This service is not intended to replace the direct involvement of a physician/psychiatrist in the treatment of the individual.

### **Policy**

Mental Health Home Health services are available to Medicaid Managed Care eligible adult members, age 21 and over.

### **Program Requirements**

Refer to the program standards common to all levels of care/programs for general requirements.

### **Licensing/Accreditation**

The home health service must be provided as part of an agency whose primary purpose is to provide home health services. The home health agency must be licensed as a Home Health Agency by the Nebraska Department of Health and Human Services Regulation and Licensure, and meet both Medicaid and Medicare guidelines established for this service.

### **The agency must have written policies and procedures related to:**

Refer to the “Standards Common to all Levels of Care” for a potential list of policies generally related to the provision of mental health and substance abuse treatment. Agencies must develop policies to guide the provision of any service in which they engage clients, and to guide their overall administrative function.

### **Features/Hours**

The frequency and duration of Mental Health Home Health nursing services may vary based upon the individual needs of the client, but shall not exceed 35 days in the first 60-day authorization for mental health home health services and a maximum of 12 days for each subsequent 60-day authorization period for mental health home health services.

The service must provide or otherwise demonstrate that members have on-call access to a mental health provider on a 24-hour, seven-day per week basis. Mental Health Home Health services are provided to homebound individuals in their place of residence (not to include a hospital, skilled nursing facility, day rehab or residential rehab facility, or adult day treatment facility).

### **Assessment**

The Pre-Treatment Assessment and additional Nursing Assessment conducted by appropriate practitioners working within their scope of practice will be completed prior to the initiation of Mental Health Home Health services. A physician's order is required to initiate this service. A verbal order from the physician may be obtained and documented by a licensed registered nurse provided that it is signed by the physician within 14 days. Assessment should be ongoing, reviewed by the Supervising Practitioner, and documented.

### **Treatment Planning**

The treatment plan will be:

- Developed following completion of required assessments.
- Completed prior to the initiation of Mental Health Home Health services
- Completed using measurable goals and objectives for treatment
- Include a reasonable discharge plan to include a plan for transitioning to community based mental health services
- Be developed with the inclusion of the client, their family/significant others as appropriate, and the treatment team, including the Supervising Practitioner

The plan must be reviewed at least every 60 days, or more often as necessary, by the client, their family/significant others, other treatment team members, including the Supervising Practitioner. Updates/reviews of the plan must be signed by all of those involved in the review.

### **Staffing**

- **Medical Director** – A physician licensed in Nebraska either employed or contracted who assures the overall medical service integrity of the Mental Health Home Health service. If the medical director is not a psychiatrist, the agency must have an employed or contracted psychiatrist who serves as the supervising practitioner overseeing each individual's treatment.
- **Supervising Practitioner** – A psychiatrist who is responsible for each individual's treatment plan and Mental Health Home Health services.
- **Clinical Program Director** - A registered nurse who has management abilities, experience in the provision of psychiatric services and at least one year experience in home health nursing. The Clinical Program Director is responsible for the

management and administration of all Mental Health Home Health services for the agency.

- **Registered Nurses** – RN's providing Mental Health Home Health services must be licensed and have psychiatric experience. Additional home health experience is preferred.

### **Supervising Practitioner Involvement**

In addition to the responsibilities outlined in the standards common to all levels of care, the Supervising Practitioner will:

- Provide an initial diagnostic interview to determine diagnosis and recommendation for services.
- Provide a written or verbal order to the agency for Mental Health Home Health services for the individual
- Provide a direct service to the client once a month during the first Mental Health Home Health 60-day authorization period and once every subsequent 60-day authorization of mental health home health services per treatment episode.

### **Documentation**

The agency must provide clinical records that fully describe the services provided to the client. The clinical record must contain the Pre-Treatment Assessment and the nursing assessment conducted on the client. The clinical record must include the Supervising Practitioner orders and nurses progress notes reflecting services rendered with each contact with the client. Additionally, the clinical record must describe all case management and communication services with all other professionals involved in the client's care.

**Length of Stay:** Length of service is individualized and based on clinical criteria for admission and continued treatment, as well as the client's ability to make progress on individual treatment/recovery goals.

### **Clinical Guidelines: Mental Health Home Health - Adult**

#### Admission Guidelines

1. The individual demonstrates psychological symptomatology consistent with ICD-9 and the most recent DSM (Axes I -V) diagnosis which requires and will respond to therapeutic intervention.
2. The individual is receiving treatment services under a physician/psychiatrist.
3. Stabilization of the individual's mental health condition requires mental health home based health services.
4. Mental health home health nursing can be expected to allow the individual the best opportunity of stabilization of the mental health condition and is the least restrictive level of care for this individual.
5. The treatment plan clearly identifies the types of services and interventions needed as a part of the mental health home health service.

#### Exclusion Guidelines

1. The individual can maintain mental health stability with office based mental health services.

2. The individual is not receiving treatment by a physician/psychiatrist for the client's mental health condition.
3. The individual's condition, behaviors and problems require a higher level of psychiatric care.
4. The individual's behavior, problems and condition indicates that the client needs a higher level of acute medical care.
5. The primary condition is medical, not psychiatric in nature and the primary focus of intervention is of the acute or chronic medical condition rather than a psychiatric condition.

#### Continued Stay Guideline

1. The individual is maintaining stability of his/her mental health condition.
2. The individual is making progress as evidenced by improvement in the individual's symptoms, problems and impairments.
3. Mental health home health care remains the least restrictive level of intervention for this individual.
4. The physician/psychiatrist has evaluated the client's progress by review of the treatment plan and the progress every 30 days.

#### Discharge Guidelines

1. The individual is able to access community office based outpatient mental health services and maintain mental health services.
2. The individual's disability no longer requires nursing services provided in the client's residence.
3. The individual's condition requires a higher level of psychiatric care.
4. The individual's condition requires a higher level of acute medical intervention.