

NMNC 6.603.03 Psychiatric Visiting Nurse (Home Health Services)

Psychiatric Visiting Nursing/Home Health Services is a short-term treatment delivered in the member's home or living environment to treat a *DSM* or corresponding ICD diagnosis with psychiatric medication management. This is most common after a member is discharged home from an inpatient psychiatric unit, and is considered high-risk for decompensation and readmission if his/her medication regime is not continued. Members approved for this level of care require ongoing intervention by nursing staff for psychiatric medication monitoring, usually due to a history of treatment non-compliance, or difficulties ambulating, which present a barrier for attending community medication management appointments. Psychiatric visiting nurses may also administer long-acting, injectable antipsychotic medications; obtain weekly blood work for a member; and provide other psychiatric nursing services for which they are licensed, until long-term arrangements can be made. Psychiatric visiting nurse staff are generally employed by Home Health or Visiting Nurse agencies and would not function as an independent clinician or contractor.

Admission Criteria	Continued Stay Criteria	Discharge Criteria
<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1) Member must have a <i>DSM</i> or corresponding ICD diagnosis 2) Primary request for services is for assistance with psychiatric medication management 3) Member can be adequately and safely maintained in the home 4) Member is willing and motivated to receive psychiatric nursing/home care services 5) Outpatient/community-based medication management services are not adequate to stabilize the member or maintain current level of functioning due to at least <i>one</i> of the following: <ol style="list-style-type: none"> a) member has complex co-morbid issues resulting in difficulty ambulating and attending community health treatment; or b) member requires long-term injectable medication and/or regular bloodwork to maintain stability on current medication regimen. 6) Member does not require a level of structure beyond the scope of psychiatric home care/visiting nursing services 7) Without psychiatric visiting nurse/home services, the member would be at high risk of requiring a higher level of care 	<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1) Member continues to meet admission criteria 2) A less intensive level of care would not be adequate to administer care 3) Treatment is still necessary to reduce symptoms and improve functioning 4) Member's progress is monitored regularly, and the treatment plan modified, towards a set of clearly defined and measurable goals 5) There is evidence of progress and the member appears to be benefitting from services 6) Member is participating in the treatment plan 7) Intensity and frequency of services is scheduled to occur/or is occurring at a rate appropriate for the member's current psychiatric symptoms 8) Continuation of psychiatric visiting nurse /home care services is necessary to prevent decompensation of symptoms and placement in a more restrictive treatment setting 9) Coordination of care and active discharge-planning is ongoing, with the goal of transitioning the member to a less intensive level of care 	<p>Any one of the following must be met: 1, 2 or 3; criteria 4 and 5 are recommended, but optional:</p> <ol style="list-style-type: none"> 1) Member no longer meets admission criteria and/or meets criteria for another level of care, either more or less intensive; or 2) Guardian withdraws consent for treatment or the member withdraws consent for treatment, and it is determined that the individual has the capacity to make an informed decision and involuntary treatment or guardianship is not being pursued; or. 3) Member does not appear to be participating in the treatment plan despite multiple documented efforts to engage the member 4) Member's individual treatment plan and goals have been met 5) Member's support system is in agreement with the aftercare treatment plan

Exclusions

Any one of the following criteria is sufficient for exclusion from this level of care:

- 1) Member requires a level of structure and supervision beyond the scope of Psychiatric Visiting Nurse services; or
- 2) Member is receiving community-based medication management services without contraindication/service interruption; or
- 3) Intervention is requested for primary medical diagnosis

Reference Sources

Beacon's Medical Necessity Criteria incorporate generally accepted standards of behavioral health practice documented in evidence- and consensus-based guidelines derived from:

- 1) Professional societies: American Psychiatric Association (APA); American Academy of Psychiatrists in Alcoholism and Addictions (AAPAA); American Academy of Child and Adolescent Psychiatry (AACAP)
- 2) National care guideline and criteria entities: American Society of Addiction Medicine (ASAM); MCG Care Guidelines
- 3) National health institutes: National Institutes of Health (NIH); National Institute on Alcohol Abuse and Alcoholism (NIAAA); National Institutes of Drug Abuse (NIDA); Substance Abuse and Mental Health Services Administration (SAMHSA)
- 4) Professional publications and psychiatric texts: [see Beacon's [Publication Reference Table](#)]
- 5) Federal/state regulatory and industry accreditation requirements, including CMS's National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
- 6) National industry peer organizations, including managed care organizations (MCOs) and behavioral health organizations (BHOs)