

<p>Policy Name</p> <p>Home Visits – Mental Health</p>	<p>Policy Number</p> <p>MP-EM-FP-01-23</p>	<p>Scope</p> <p><input checked="" type="checkbox"/> MMM MA <input type="checkbox"/> MMM Multihealth</p>
<p>Service Category</p> <p> <input type="checkbox"/> Anesthesia <input type="checkbox"/> Medicine Services and Procedures <input type="checkbox"/> Surgery <input checked="" type="checkbox"/> Evaluation and Management Services <input type="checkbox"/> Radiology Procedures <input type="checkbox"/> DME/Prosthetics or Supplies <input type="checkbox"/> Pathology and Laboratory Procedures <input type="checkbox"/> Other _____ </p>		
<p>Service Description</p> <p>Mental Health Home Visits are holistic, consumer-centered, recovery-oriented mental health services delivered in group homes or individual residences setting to home-bound adults. These services are delivered by physicians, psychiatrists, and/or certified mental health professional with knowledge of mental health issues. Home Health services are individually tailored for each consumer to enable each to better manage symptoms, increase functioning, achieve individual goals, maintain optimism, recover from the effects of the conditions they experience, and, when possible, end the home-bound status.</p> <p>The scope of home or domiciliary visits is leading the patient to an improved medical care by identification of unmet needs, coordination of treatment with appropriate referrals and potential reduction of acute exacerbations of medical conditions, resulting in less frequent trips to the hospital or emergency rooms.</p>		

Medical Necessity Guidelines

Inclusion Criteria

- If the service is provided to a patient for the first time, the patient, his/her delegate, or another medical provider managing the patient's care, must request the service. The visiting provider may not directly solicit referrals and each visit must meet the applicable medical standards of practice.
- The Integrated Mental Health Department (IMHD) considers home visit services for mental health patients to be appropriate and/or medically necessary if the patient is homebound (or there is a medical or psychiatric condition that restricts his/her ability to leave home safely without the assistance or supervision of another individual or without the assistance of a supportive device), his/her needs can be safely met with intermittent home care, the individual has symptoms consistent with a DSM-V-TR diagnosis, and one or more of the following criteria are met:
 - There is a chronic mental health condition that affects the patient's ability to interact with other persons in, for example a waiting room area.
 - Agoraphobia or Panic Disorder;
 - Acute depression with severe neurovegetative symptoms;
 - Behavioral health problems associated with medical problems that render the member homebound.
 - 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.
 - There exists a normal inability to leave the home and, consequently, if leaving home would require a considerable and taxing effort.
 - Skilled care at home is required for 1 or more of the following:
 - Abnormal involuntary movement scale (AIMS) test for tardive dyskinesia (TD) for patients taking neuroleptic medicine.
 - Home safety assessment.
 - Injection of long-acting antipsychotic medication (such as, haloperidol decanoate, fluphenazine decanoate).
 - Medication management, adherence instruction, and side effects assessment.
 - Mental status examination.
 - Psychosocial Assessment, management, and referrals.
 - Telepsychiatry services establishment.
- A home or domiciliary visit by a physician, psychiatrist or qualified NPP must include the following elements in order to evaluate medical necessity of the services:
 - Attached source of initial referral for home healthcare services clearly stating its clinical rationale.
 - Patient's Chief Complaint and History of Present Illness.
 - Substance Use History.
 - Past Psychiatric History.
 - Medical History.
 - Mental Status Examination (including a Mini Mental Status Examination).
 - Assessment and differential diagnosis, with details regarding patient needs for ongoing home visits or patient's capabilities to continue office-based visits.
 - Treatment Plan with specific goal and expected time of resolution of identified problem(s).
 - Managing the symptoms of physical and mental health illnesses that create the home-bound status; including skills training.

- Psychosocial education with the individual and significant others.
- Assessment of medication management effectiveness and assistance with taking medications as needed.
- Assessment of the need for additional services and community linkages
 - o Laboratory and medication orders with clinical rationale for each (when clinically indicated).
 - o Medication reconciliation list (Qualified NPP's should list all medications in use by the patient, even if they do not manage them.
- For psychotherapeutic and/or psychosocial interventions, the patient's cognitive ability and physical status must allow him/her to receive the expected clinical benefit from these kinds of interventions. A Mini Mental Status Examination must be submitted to validate patient's cognitive status.
- The reason for a visit to the home rather than the office must be documented, as the visit is not considered medically necessary if performed for the convenience of the physician or behavioral health provider. Medical record documentation must support a medically necessary visit and made available upon request.

Continued Stay Criteria

- For additional requests beyond the initial authorized period, the mental health provider must submit a Treatment Plan Re-evaluation form with the following information as stated in Section 6.4 of the IMHD Mental Health Home Visits Policy:
 - o Clearly identified goals that were and were not met
 - o Progress made toward unmet goals
 - o Barriers identified that will impact the member's ability to meet unmet goals
 - o The plan to address those barriers, including follow up
 - o Anticipated number of visits needed to meet goals
- In addition, all of the following criteria are necessary for continuing treatment at this level of care:
 - o The patient continues to be homebound.
 - o The severity of the behavioral and emotional symptoms continues to require this level of intervention.
 - o The mode, intensity, and frequency of the interventions are consistent with the intended treatment plan outcomes.
 - o When clinically necessary, appropriate psychopharmacological evaluation has been completed and ongoing treatment is initiated and monitored.
 - o Individualized services and treatments are tailored to achieve optimal results in a time efficient manner and are consistent with sound clinical practice.
 - o The individual and significant others as appropriate participate in treatment to the extent all parties are able.
 - o There is documented evidence of active, individualized discharge planning.
 - o There is a documented active attempt at coordination of care with relevant providers when appropriate.
 - o All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice.
 - o Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident.
 - o Care is rendered in a clinically appropriate manner and focused on individual's behavioral and functional outcomes as described in the discharge plan.

Discharge Criteria

- Any of the following criteria is sufficient for discharge from this level of care:
 - The individual is no longer homebound.
 - The individual’s treatment plan goals and objectives for this level of care have been met and a discharge plan with follow-up appointments are in place.
 - The individual withdraws consent for treatment and there is no court order requiring such treatment.
 - The individual’s physical condition necessitates transfer to a more intensive level of care,
 - The individual is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care.

Limits or Restrictions

Exclusion Criteria

- Any of the following criteria is sufficient for exclusion from this level of care:
 - The individual manifests behavioral and/or psychiatric symptoms that require a more intensive level of care.
 - The individual can be safely maintained and effectively treated with less intensive services.
 - The individual does not voluntarily consent to treatment and there is no court order requiring such treatment.
 - The individual is not home bound.
 - For psychotherapeutic and/or psychosocial interventions, patient’s cognitive and/or physical status impairs him/her from receiving any clinical benefit from that kind of intervention.

Reference Information

Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) for E&M Home and Domiciliary Visits (LCD 33817, Retired 07/08/2021) Accessed December 22, 2023. Available at URL address: https://localcoverage.cms.gov/mcd_archive/view/lcd.aspx?lcdInfo=33817:21

MCG Guidelines 27th Edition (B-004-HC (BHG) for Bipolar Disorder, B-007-HC (BHG) for Dementia, B-008-HC (BHG) for Depression Disorder, and B-014-HC (BHG) for Schizophrenia Spectrum Disorders.

Policy History

Revision Type	Summary of Changes	P&T Approval Date	MPCC Approval Date
Policy Inception	MMM Medical Policy Committee evaluation	N/A	12/26/2023