

North Carolina State Health Plan

Teachers' and State Employees' Comprehensive Major Medical Plan
and NC HealthChoice

Psychiatric Home Care **Policy Number: AH0700**

Definition:

Psychiatric home care services are psychiatric, psychological or psychotherapy services rendered by an eligible licensed mental health provider to a homebound individual in his/her residence. Psychiatric home care is considered for benefits when the patient can be safely treated in the place of residence in lieu of office-based or inpatient psychiatric treatment. An individual is considered "homebound" if he/she has a medical condition as the primary reason for requiring home care services and has a psychiatric condition that also requires treatment. (Refer to Medical Policy AH0355 Home Care, for the definition of "homebound")

Coverage:

1. The initial clinical evaluation for psychiatric home care is not subject to precertification by the Mental Health Case Manager but will be retrospectively certified if psychiatric home care services are authorized.
2. Benefits for covered psychiatric home care services are provided when:
 - a. The attending physician refers the patient for psychological or psychiatric in-home services, and
 - b. An eligible mental health provider completes a comprehensive clinical assessment and treatment plan which outlines treatment in the home setting (clinical assessment and treatment plan requirements are noted in Approval Procedures below); **and** The Mental Health Case Manager (after reviewing all appropriate information as required in sections a. and b. above) concurs that psychiatric home care is a viable and appropriate alternative to a higher-or inpatient-level of care or an appropriate alternative to traditional office-based outpatient care, and that the mental health professionals providing care in the home setting have the appropriate licensure or certifications in accordance with State law and
 - c. Eligible mental health providers may provide psychiatric home care within the scope of their professional licensure and commensurate with their psychiatric experience, subject to precertification by the Mental Health Case Manager. (Refer to Medical Policy ME0650, Outpatient Psychotherapy, for a complete list of eligible mental health providers.)
3. Supervision of approved psychiatric home care by the attending physician consists of, but is not limited to, the initial approval, ongoing review of the treatment plan, medical records, and medication regimen.
4. Psychiatric home care services provided through a home care agency must meet all the treatment and provider requirements noted above, as well as be licensed or certified by the North Carolina Division of Facility Services as a home care agency. Home Care agencies outside North Carolina must be appropriately licensed/certified by the licensing governmental agency in the state or country in which services are provided.

Approval:

1. Precertification is required and requests for precertification of psychiatric home care must be submitted to the Mental Health Case Manager for review and determination prior to psychiatric in-home treatment services being rendered.
2. A treatment plan signed by the attending physician must be received by the Mental Health Case Manager prior to the initiation of psychiatric in-home treatment.
3. A comprehensive clinical assessment and treatment plan will be reviewed by phone with the Mental Health Case Manager prior to initiation of home care services. The following information must be included:
 - a. presenting symptoms, level of function and date-of-onset;
 - b. past psychiatric treatment;
 - c. current medication(s);
 - d. assessment of substance abuse or chemical dependency;
 - e. social setting and level of family/caregiver support;
 - f. current psychiatric condition (based on current DSM or ICD diagnosis codes);
 - g. clinical justification for homebound status;
 - h. treatment goals;
 - i. description and frequency of proposed services;
 - j. proposed end-date for homebound status; and
 - k. credentials/certification of the treating mental health providers.
4. The Mental Health Case Manager has the authority to withhold making a determination pending receipt of an appropriately signed treatment plan by the attending physician. The Mental Health Case Manager also reserves the right to request additional information, other than that which is noted above, in order to provide the patient with a comprehensive review.
5. The Mental Health Case Manager responds to both the provider and covered person by letter.

Limitations and Exclusions:

1. The following are not covered:
 - a. Psychiatric home care services that are not precertified by the Mental Health Case Manager.
 - b. Psychiatric home care services in excess of 60 days per Plan Year; additional days subject to review and approval by the Mental Health Case Manager.
 - c. Psychiatric home care provided by ineligible providers. (Refer to Medical Policy MEO650 for a complete list of eligible mental health providers.)
 - d. Care or treatment in the absence of a documented psychological or psychiatric illness or condition. (Refer to Medical Policy AD0430, Mental Health and Chemical Dependency Case Management, for a complete list of non-covered mental health services.)
 - e. Home care aide services.
 - f. Chemical dependency as a primary diagnosis/reason for psychiatric home care.
 - g. Psychiatric home care services for an individual who is not homebound.
 - h. Learning, educational, or tutoring either whole or in part.
 - i. "Family Preservation Services," "intensive in-home services," in-home specialized IOP services or other similar services delivered in the home are not covered as psychiatric home care (Refer to Medical Policy ME0495, Intensive Outpatient Program).
 - j. Treatment or consultation provided by telephone.

- k. Psychiatric home care when a higher level of care is more appropriate or when traditional office-based outpatient treatment is more appropriate and possible.
2. For a list of noncovered services, please refer to Medical Policy AD0430 Mental Health and Chemical Dependency Case Management, for additional limitations and exclusions.
3. See <http://www.shpnc.org> for a complete listing of medical policies.

Authority:

GS 135-40.1 (1a)
GS 135-40.1 (9)
GS 135-40.1 (10)
GS 135-40.1 (11)
GS 135-40.1 (17a)
GS 135-40.6 (8)c
GS 135-40.6 (10)
GS 135-40.6A (a)(1)
GS 135-40.7(2)
GS 135.40.7B

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July, 2004
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