

# Nurse-Led Care Models in Homeless Health: Staffing, Care Delivery, and Sustainability



## INTRODUCTION

Nurse-led care is a care delivery model in which nurses operate as leading members of a multidisciplinary care team. For the purposes of this document, nurse-led care refers to care led by registered nurses. In these models, nurses not only serve in vital clinical care roles but also provide leadership and organizational management in the delivery of high-quality health care.

Nurse-led care models aim to maximize the broad scope of nursing practice which includes identification, assessment and treatment of health conditions; care management and care coordination; health promotion and disease prevention, and patient and community education. Nurse-led care models are organized within clinic-based settings as well as outside traditional brick and mortar clinics, such as in homes, shelters, street outreach settings, and in remote rural areas.

In these models, nurses utilize their understanding of the health system and the communities in which they work, employ operational and clinical leadership skills, and leverage relationship building to optimize care coordination and decrease barriers to care.

Nurse-led care models consistently produce superior or equivocal outcomes when compared to care led by prescribing providers.<sup>1,2,3</sup> Nurse-led care improves access to health care for clients and creates opportunities for professional growth within organizations. These models center around and recognize the important and invaluable role of nurses in the health care setting, leveraging their leadership and skills to promote and support maximizing the roles of the multidisciplinary team.

This document will review nurse-led care staffing and service delivery models as well as provide information and resources on documenting, billing, and funding for nurse-led care.

## WHAT SERVICES CAN BE DELIVERED IN NURSE-LED CARE MODELS?

Nurse-led care occurs across the broad scope of non-provider level nursing practice and may include triage and assessment, hospital follow-up, care coordination, chronic care management, delivery of preventive services, family planning, maternal and child health, home care, quality improvement, client and staff education and training, program management, and organizational leadership.

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## NURSE-LED CARE STAFFING MODELS

Nurse-led care staffing models can vary widely based on overall program structure and services offered. Below, common features of nurse-led care models are explored, and several staffing structures are explained in detail. In general, nurse-led care staffing models share the following components:

- **Nurses are part of a multidisciplinary team:** Even in nurse-led care models in which nurses operate independently within their scope of practice, they are never working alone. Multidisciplinary team members include other nurses, providers (physicians, nurse practitioners, and physician assistants), behavioral health staff (e.g., licensed clinical social workers, licensed professional counselors, and behavioral health consultants), case managers, outreach workers, community health workers, and peer support workers.
- **Nurses have real-time access to other team members:** Nurses working independently or collaborating with non-provider team members always have easy access to consulting provider-level staff and other multidisciplinary team members, either in person or via phone, electronic communications or telehealth. Within their scope of practice, nurses can independently determine if a situation is emergent and requires immediate evaluation or emergency management and can act accordingly.
- **Nurses take a lead on at least one component of care delivery:** All nurse-led care models see nurses taking a lead role – within the nursing scope of practice – on at least one component of care, ranging from clinical care, education, care coordination, and operational and organizational management.



### Program Highlight

Learn more about nurse-led care delivery models with this brief video highlighting [Good Shepherd Center Home, Wilmington, NC.](#)

Setting-specific examples of nurse-led care staffing structures are outlined below:

- **Clinic setting:** Nurse-led care initiatives operate in brick-and-mortar settings with nurses managing their own schedules and client flow. Nurses might manage patient triage or walk-ins, manage chronic conditions, complete post hospital discharge visits, or complete wound care or scheduled injections. Nurses interface with other team members, providing warm hand-offs as

determined by the nurse. Same-day referrals might include a hand-off to a provider for a focused visit, to behavioral health staff for support, or to a community health worker, peer, or case manager. In these models, nurses often begin visits with clients, conduct a history and assessment, and then refer to providers for interventions.

- **Shelter health:** Nurses may operate as the only

clinician in a shelter setting, or as part of a small clinical team. In these settings, nurses are often responsible for walk-ins and related assessments and referrals, medication support, post-hospitalization assessment and follow-up planning, wound care, chronic care management, and care coordination. Nurses often use standing orders for services like vaccines, preventive and targeted screenings, and family planning. Nurses refer clients to other care as needed, including outpatient primary care, behavioral health, and emergency services.

- **Outreach and home care:** In outreach settings and home care, nurses may work independently with remote access to other team members or may conduct outreach or home visits with another team member, such as an outreach worker, community health worker, or peer support worker. Nurses conduct assessments and interventions and make referrals and warm hand-offs to other services as needed. Examples of assessments, education, and intervention visits include Annual Wellness Visits, chronic care management, and post hospital discharge visits.
- **Medical respite settings:** Respite staffing models may utilize a nurse as the main medical point of contact on-site or as a clinical or operational lead. Nurses work with the medical respite team to provide care as per orders and coordinate care needs with both internal and external providers.

## SERVICE DELIVERY AREAS WITHIN NURSE-LED CARE

Detailed below are areas of service delivery within nurse-led care models:

- **Chronic disease management:** Nurses play a vital role in managing chronic conditions, including diabetes, hypertension, and asthma. They monitor clients' health, medication adherence, adjust treatments as per protocols, educate clients on self-management, and offer continuous support to ensure better disease control.
- **Health promotion and preventive services:** Nurses conduct routine screenings (e.g., blood pressure, cholesterol, cancer screenings), administer vaccinations, and provide health education on topics such as smoking cessation, nutrition, and exercise, helping to prevent illness and promote overall wellness.
- **Telephone triage and health coaching:** Nurses assess client symptoms, provide advice, and offer guidance on managing health conditions over the phone, reducing the need for in-person visits and ensuring timely care.
- **Case management and care coordination:** Nurses coordinate care for clients, especially those with complex or multiple health needs, ensuring timely follow-ups, referrals, and support for managing their health conditions.
- **Vaccination clinics:** Nurses lead immunization clinics, ensuring individuals, especially in at-risk populations, receive timely vaccinations. This can include childhood vaccines, flu shots, and vaccines like pneumonia or shingles.
- **Family planning services:** In some areas, nurses are authorized to provide family planning services, including counseling, maternal health, and education on women's wellness care.
- **Quality improvement (QI):** Nurses can play a leading role in utilizing staff and client feedback, along with program and electronic medical record data, to identify areas for improvement in clinical quality measures, service delivery, patient flows, staff support, and more. Nurses frequently lead QI teams, lead analysis and reporting of clinical data outcomes, and lead and contribute to strategic planning and plan implementation to improve care delivery and outcomes.
- **Telehealth support:** Another evolving area in nurse-led care is telehealth. Nurses are increasingly taking roles in managing telehealth services, including providing in-person assessment or triage while using telehealth to facilitate communication with providers for clinical decision making and prescribing.

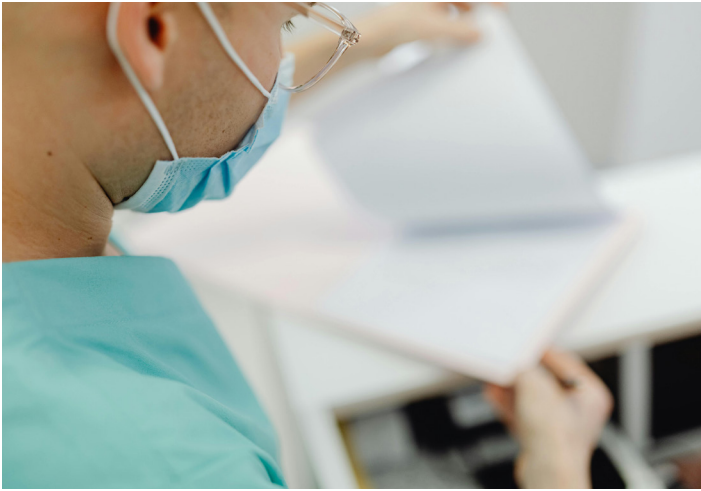


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## DATA USE AND BILLING

It is tempting to avoid focusing on data collection for nurse activities if your organization is not currently billing for nurse-led care services; however, it is important to implement strong data practices that are consistent with your organization's current practices and to capture the work performed by nurses. If your organization doesn't collect data on nurse-led initiatives, there are numerous reasons to begin:

- **Data collection is a way to demonstrate values and priorities – “we collect data on things that we care about.”** The work of nurses – such as care coordination, triage, or education – is often invisible in final, billable documentation, however it is both valuable and time consuming.
- **Data tells the story of the valuable work performed by nurses and can be used to leverage grant funding opportunities and demonstrate improved health outcomes.** Nurse-led health outcomes must be demonstrated with data; without data demonstrating the value of nursing activities, it is impossible to make a case for reimbursement or funding for such efforts.
- **At Federally Qualified Health Centers, billing is typically done through the Prospective Payment System (PPS).** The PPS rate is the amount of funds a health care provider receives when they complete a qualifying visit. [Federally qualified health centers are paid at a higher rate](#) because they offer additional supportive services, including the contribution of the nursing team.
- **Supportive services are essential for organizations that receive a PPS rate.** It is these services that justify the higher rate for your organization.

**Coding** is the process of documenting work and labeling it in a way that tells insurers what has been done. Codes are used nationwide, and each code required is necessary to demonstrate services ordered and completed. Here are frequently used code types:

- **Current Procedural Terminology (CPT) Codes:** These are 5-digit codes that describe procedures and tests.
- **Healthcare Common Procedure Coding System (HCPCS) Codes:** Codes that describe services, medications, and supplies that are provided to clients that do not exist within the CPT code system. These codes are widely used for specific payer and state services.

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While maximizing reimbursement is never the primary focus of this work, it is important to take every opportunity to secure reimbursement for services delivered to support the financial sustainability of the organization. Nurse-led models of care are essential to providing high-quality, comprehensive, and low-barrier care for clients. Reimbursement is one of the most effective ways of continuing the good work of nurses while making the encounter a “qualifying visit” that will allow the organization to get reimbursed for the work done. One way to effectively deliver comprehensive care is through what is often called a “co-visit” or “shared visit” model.

- These visits start off as a targeted nurse visit, for example, for ongoing wound care, for diabetic management, or to triage a walk-in client. Then, either built into the visit structure or when a need arises that requires additional support from other providers, the client is assessed and treated by a provider. Having a prescribing provider join the appointment to confirm an assessment, order medications, or address identified needs can make a previously uncompensated visit a billable encounter.
- This model allows the nurse to begin the visit and spend the needed time with the client conducting assessment, history-taking, wound care, care coordination, and education. The provider can then build on all that the nurse has done and complete any needed provider-only tasks, converting the encounter from a nurse-only visit to a provider-level visit.
- These visits often do not feel different for the client and do not require them to schedule a separate appointment or move throughout the clinic, but they do allow them to meet multiple needs at once.

## FUNDING NURSE-LED CARE INITIATIVES AND PROGRAMS

It is often necessary for health centers to consider funding options beyond just service reimbursement through the PPS for Federally Qualified Health Centers. Health centers may use funding from other federal sources, state or local sources, foundations, insurance companies, and hospitals. Below are areas to consider for possible funding sources, tips for finding and accessing available funding, and resources to get started.

- **Federal funding initiatives:** Federal initiatives can become available based on identified needs and priority areas and will provide funding beyond just the PPS. To get started, subscribe to the [Health Resources Services Administration](#) and [Bureau of Primary Health Care](#) updates to learn about funding opportunities.
- **State or local funding initiatives:** State and local funds may also be used to respond to regionally identified needs or priority areas. Become familiar with state and local government leaders, invite them to learn about your program, and make them aware of community needs.
- **340B pharmacy funds:** Federally qualified health centers can participate in the 340B discounted drug pricing program and use savings to reinvest back into client care. Find out more about the 340B program from the [National Association of Community Health Centers](#).
- **Hospitals:** Hospitals in your area may be willing to invest in and fund initiatives that are mutually beneficial to the hospital system, health center, and community at large. Examples include dually funded roles that function between the hospital and the health center, or [medical respite](#) programs that prevent re-hospitalization of vulnerable individuals. Developing relationships with local hospitals can support these types of initiatives.
- **Insurance companies:** Similar to hospitals, health insurance companies may be interested in funding new initiatives or demonstration projects that could serve to reduce overall costs while providing a benefit to health center clients. Sometimes, demonstration projects can be used to advocate for ongoing reimbursement for services that were not previously covered.
- **Foundations:** Explore which local, state, or national foundations may be aligned with your work and respond to funding opportunities or reach out to learn how they might become a partner in your work.
- **Donations:** Donations can be an important source of unrestricted funds to meet programmatic needs, for example, purchasing food or hygiene products that teams use to support clients and build relationships with the community.

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## ADDITIONAL RESOURCES

- NACHC FQHC Payment Guide: [FQHC-Payment-Guide.pdf](#)
- Centers for Medicare and Medicaid Services (CMS) Resource List for FQHCs: [Federally Qualified Health Centers \(FQHC\) Center | CMS](#)
- American Academy of Ambulatory Care Nursing (AAACN) Resource on RN Billing: [RNBilling.pdf](#)

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### ABOUT NHCHC

The National Health Care for the Homeless Council is the premier national organization working at the nexus of homelessness and health care. Grounded in human rights and social justice, the NHCHC mission is to build an equitable, high-quality health care system through training, research, and advocacy in the movement to end homelessness. Visit [nhchc.org](http://nhchc.org) to learn more.



### ABOUT NNCC

The National Nurse-Led Care Consortium (NNCC) is a nonprofit public health organization working to strengthen community health through quality, compassionate, and collaborative nurse-led care. NNCC, an affiliate of Public Health Management Corporation, aims to advance nurse-led healthcare through policy, consultation, and programs to reduce health disparities and meet people's primary care and wellness needs. To learn more about NNCC, visit [nurseledcare.org](http://nurseledcare.org).