TITLE 440 DIVISION OF MENTAL HEALTH AND ADDICTION

Proposed Rule
LSA Document #09-875

DIGEST

Adds 440 IAC 11 to implement rules concerning assertive community treatment teams, including establishing definitions, establishing certification standards and procedures for assertive community treatment teams, and establishing operational standards and requirements for assertive community treatment teams. Repeals 440 IAC 5.2. Effective 30 days after filing with the Publisher.

IC 4-22-2.1-5 Statement Concerning Rules Affecting Small Businesses

440 IAC 5.2; 440 IAC 11

SECTION 1. 440 IAC 11 IS ADDED TO READ AS FOLLOWS:

ARTICLE 11. ASSERTIVE COMMUNITY TREATMENT TEAMS

Rule 1. Definitions

440 IAC 11-1-1 Applicability

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6
Affected: IC 12-24-19

Sec. 1. The definitions in this rule apply throughout this article.

(Division of Mental Health and Addiction; 440 IAC 11-1-1)

440 IAC 11-1-2 "Accreditation" defined

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6
Affected: IC 12-24-19

Sec. 2. "Accreditation" means an accrediting agency has determined that a CMHC has met specific requirements of the accrediting agency.

(Division of Mental Health and Addiction; 440 IAC 11-1-2)

440 IAC 11-1-3 "Accrediting agency" defined

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6
Affected: IC 12-24-19

Sec. 3. "Accrediting agency" means an organization, included on a list of accrediting organizations approved by the division, that:
(1) has developed clinical, financial, and organizational standards for the operation of a provider of mental health services; and
(2) evaluates a provider's compliance with the organization's established standards on a regularly scheduled basis.

(Division of Mental Health and Addiction; 440 IAC 11-1-3)

440 IAC 11-1-4 "Assertive community treatment" or "ACT" defined

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6
Affected: IC 12-24-19

Sec. 4. "Assertive community treatment" or "ACT" means treatment by a multidisciplinary team that has the responsibility for the direct provision of community-based psychiatric treatment, assertive outreach, rehabilitation, and support services to an adult population with serious mental illness that also has co-occurring problems or multiple hospitalizations and meets the requirements of this article.

(Division of Mental Health and Addiction; 440 IAC 11-1-4)

440 IAC 11-1-5 "Authorized health care professional" or "AHCP" defined

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6
Affected: IC 12-24-19; IC 25-23-1; IC 25-27.5-5

Sec. 5. "Authorized health care professional" or "AHCP" means the following:
(1) A physician assistant with the authority to prescribe, dispense, and administer drugs and medical devices or services under an agreement with a supervising physician and subject to the requirements of IC 25-27.5-5.
(2) A nurse practitioner or a clinical nurse specialist, with prescriptive authority and performing duties within the scope of that person's license and under the supervision of, or under a supervisory agreement with, a licensed physician under IC 25-23-1.

(Division of Mental Health and Addiction; 440 IAC 11-1-5)

440 IAC 11-1-6 "Community mental health center" or "CMHC" defined

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6; IC 12-7-2-38
Affected: IC 12-24-19; IC 23-17

Sec. 6. "Community mental health center" or "CMHC" means a program of services that meets the following conditions:
(1) Is approved by the division.
(2) Is organized for the purpose of providing multiple services for persons with mental illness or a chronic addictive disorder.
(3) Is operated by one (1) of the following or any combination of the following:
(A) A city, a town, a county, or another political subdivision of Indiana.
(B) An agency of the state.
(C) An agency of the United States.
(D) A political subdivision of another state.
(E) A hospital owned or operated by a unit of government described in clauses (A) through (D).
(F) A building authority organized for the purpose of constructing facilities to be leased to units of government.
(G) A corporation incorporated under IC 23-7-1.1 (before its repeal August 1, 1991) or IC 23-17.
(H) A nonprofit corporation incorporated in another state.
(I) A university or college.

(Division of Mental Health and Addiction; 440 IAC 11-1-6)

440 IAC 11-1-7 "Direct service" defined

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6
Affected: IC 12-24-19

Sec. 7. "Direct service" means contact between ACT team staff and an individual or individual's family that is either face-to-face or by telephone.

(Division of Mental Health and Addiction; 440 IAC 11-1-7)

440 IAC 11-1-8 "Division" defined

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6
Affected: IC 12-24-19

Sec. 8. "Division" means the division of mental health and addiction.

(Division of Mental Health and Addiction; 440 IAC 11-1-8)

440 IAC 11-1-9 "Full-time equivalent" defined

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6
Affected: IC 12-24-19

Sec. 9. "Full-time equivalent" means full-time as defined by the policy of a CMHC.

(Division of Mental Health and Addiction; 440 IAC 11-1-9)

440 IAC 11-1-10 "Individual" defined

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6
Affected: IC 12-24-19

Sec. 10. "Individual" means a person who is receiving assessment or mental health services from an ACT team.

(Division of Mental Health and Addiction; 440 IAC 11-1-10)

440 IAC 11-1-11 "Licensed professional" defined

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6
Affected: IC 12-24-19; IC 25-23.6-10.5

Sec. 11. "Licensed professional" means any of the following persons:
(1) A psychiatrist.
(2) A physician.
(3) A licensed psychologist or a psychologist endorsed as a health service provider in psychology (HSPP).
(4) A licensed clinical social worker (LCSW).
(5) A licensed mental health counselor (LMHC).
(6) A licensed marriage and family therapist (LMFT).
(7) A licensed clinical addiction counselor (LCAC), as defined in IC 25-23.6-10.5.

(Division of Mental Health and Addiction; 440 IAC 11-1-11)

440 IAC 11-1-12 "Other behavioral health professional" or "OBHP" defined

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6
Affected: IC 12-24-19; IC 25-23.6-10.5

Sec. 12. "Other behavioral health professional" or "OBHP" means any of the following persons:
(1) An individual with an associate's or bachelor's degree, or equivalent behavioral health experience,

meeting minimum competency standards set forth by the CMHC and supervising licensed professional.
(2) A licensed addiction counselor, as defined in IC 25-23.6-10.5, and supervised by a licensed professional or a QBHP.

(Division of Mental Health and Addiction; 440 IAC 11-1-12)

440 IAC 11-1-13 "Person-centered planning" defined

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6
Affected: IC 12-24-19

Sec. 13. "Person-centered planning" means a process-oriented approach to empower an individual with a serious mental illness to define the services and supports necessary for recovery.

(Division of Mental Health and Addiction; 440 IAC 11-1-13)

440 IAC 11-1-14 "Qualified behavioral health professional" or "QBHP" defined

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6
Affected: IC 12-24-19

Sec. 14. "Qualified behavioral health professional" or "QBHP" means any of the following persons:
(1) An individual who has had at least two (2) years of clinical experience treating persons with mental illness under the supervision of a licensed professional, with such experience occurring after the completion of a master's degree or a doctoral degree, or both, in any of the following disciplines:
(A) Psychiatric nursing or mental health nursing from an accredited university, plus a license as a registered nurse in Indiana.
(B) Pastoral counseling from an accredited university.
(C) Rehabilitation counseling from an accredited university.
(2) An individual, who is under the supervision of a licensed professional, is eligible for and working towards licensure, and has completed a master's degree or a doctoral degree, or both, in any of the following disciplines:
(A) Social work from a university accredited by the Council on Social Work Education.
(B) Psychology from an accredited university.
(C) Mental health counseling from an accredited university.
(D) Marital and family therapy from an accredited university.
(3) A licensed independent practice school psychologist under the supervision of a licensed professional.
(4) An AHCP.

(Division of Mental Health and Addiction; 440 IAC 11-1-14)

440 IAC 11-1-15 "Remote participation" defined

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6
Affected: IC 12-24-19

Sec. 15. "Remote participation" means live participation by audio or visual means between:
(1) team members at a meeting site; and
(2) a team member at another location.

(Division of Mental Health and Addiction; 440 IAC 11-1-15)

Rule 2. Certification of Assertive Community Treatment Teams

440 IAC 11-2-1 Applicability

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6
Affected: IC 12-24-19

Sec. 1. This rule applies to all CMHCs operating ACT teams.

(Division of Mental Health and Addiction; 440 IAC 11-2-1)

440 IAC 11-2-2 Certification by the division

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6
Affected: IC 12-24-19

Sec. 2. (a) An ACT team must be a part of a CMHC that:
(1) is currently certified by the division; and
(2) has maintained such certification for at least two (2) consecutive years at the time of application for certification of an ACT team under this rule.

(b) The CMHC must have a contract with the office of vocational rehabilitation services for a supported employment program.

(c) Each ACT team serving individuals must be:
(1) certified; and
(2) named independently;
under this article.

(d) A CMHC with one (1) or more certified teams must:
(1) provide information related to services as requested by the division; and
(2) participate in the division's quality assurance program.

(e) A failure to comply with such a request may result in termination of the ACT team's certification.

(f) When a CMHC has demonstrated compliance with all applicable laws and regulations, including the specific criteria in this article, the division shall issue a certificate for each team. The CMHC shall post the certificate in a conspicuous place in an area of the facility that is open and accessible to individuals and the public.

(Division of Mental Health and Addiction; 440 IAC 11-2-2)

440 IAC 11-2-3 Certification

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6
Affected: IC 12-24-19

Sec. 3. (a) An application for certification of an ACT team must include documentation that the team:
(1) has operated in compliance with the operational standards under this article for a period of three (3) consecutive months; and
(2) meets the staffing standards contained in this rule.

(b) When the division determines that an applicant meets the requirements for certification set forth in this rule, the division shall issue a certification.

(c) The certification shall expire ninety (90) days after the expiration of the CMHC's accreditation.

(d) During the certification period, the CMHC shall submit documentation of ongoing compliance with this article as requested by the division.

(e) During the certification period, the team shall maintain compliance with this article.

(f) The CMHC must submit any materials related to the above as requested by the division.

(Division of Mental Health and Addiction; 440 IAC 11-2-3)

440 IAC 11-2-4 Conditional certification

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6
Affected: IC 12-24-19

Sec. 4. (a) The division shall issue a conditional certification under this article upon the division's investigation and determination of any of the following conditions:
(1) A failure to comply with this article.
(2) A substantive change in a CMHC's accreditation status other than the revocation of accreditation.
(3) Failure of a CMHC to renew accreditation within ninety (90) days following expiration of the CMHC's current accreditation.
(4) A substantive change in a CMHC's certification status other than termination.
(5) Conduct or any practice in the operation of a team that is found by the division to be detrimental to the welfare of individuals served by the team.
(6) A violation of a federal or state statute, rule, or regulation in the course of the operation of an ACT team.

(b) The time period of a conditional certification shall be determined by the division but may not exceed twelve (12) months. The division shall notify the CMHC of the following:
(1) The requirements not met by the CMHC.
(2) The actions that the CMHC must take to meet the requirements.
(3) The time period granted for the CMHC to meet the requirements in subdivision (2).

(c) The division shall reinstate certification if the CMHC meets the requirements in subsection (b)(2).

(d) The division shall terminate the team's certification if the team fails to meet the requirements in subsection (b)(2) within the time period allowed.

(Division of Mental Health and Addiction; 440 IAC 11-2-4)

440 IAC 11-2-5 Termination of certification

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6
Affected: IC 12-24-19

Sec. 5. (a) The division shall terminate the certification of the team if any of the following occurs:
(1) The CMHC's accreditation is revoked.
(2) An ACT team that has a conditional certification under section 4 of this rule fails to meet the requirements of the division within the period of time required.
(3) The CMHC's certification is terminated.

(b) The division may terminate the certification of the team upon the documentation that a violation of client rights, including abuse, neglect, or exploitation, has occurred.

(c) If a team's certification is terminated, the CMHC may not apply for certification of a new ACT team for twelve (12) months after the effective date of termination.

(Division of Mental Health and Addiction; 440 IAC 11-2-5)

440 IAC 11-2-6 Transfer of certification

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6
Affected: IC 12-24-19

Sec. 6. Each certification is specific to one (1) team. The certification may not be transferred to another team within a CMHC.

(Division of Mental Health and Addiction; 440 IAC 11-2-6)

440 IAC 11-2-7 Appeal rights

Authority: IC 12-21-2-3
Affected: IC 4-21.5-3

Sec. 7. A CMHC that is aggrieved by any adverse action taken under this rule may appeal the action under IC 4-21.5-3.

(Division of Mental Health and Addiction; 440 IAC 11-2-7)

Rule 3. Operational Standards and Requirements

440 IAC 11-3-1 Staff positions and requirements for ACT teams serving 50 or fewer individuals

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6
Affected: IC 12-24-19; IC 25-23.6-10.5-1; IC 25-23.6-10.5-2

Sec. 1. (a) An ACT team serving fifty (50) or fewer individuals shall have qualified individuals to fill the staff positions and perform the functions in this section.

(b) Each team serving fifty (50) or fewer individuals must be composed of the required psychiatrist or AHCP and at least the following full-time core staff:
(1) A team leader.
(2) A registered nurse.
(3) A substance abuse specialist.
(4) A vocational specialist.
(5) Two (2) OBHPs; or one (1) OBHP and one (1) recovery specialist.

(c) An ACT team shall have psychiatrists who shall meet the following requirements:
(1) An ACT team serving up to fifty (50) individuals shall have at least sixteen (16) hours of psychiatric coverage each week, which may consist of not more than two (2) psychiatrists and one (1) AHCP. The AHCP may fulfill the role of the psychiatrist or psychiatrists for up to fifty percent (50%) of the required psychiatrists' time.
(2) An ACT team psychiatrist shall meet with and evaluate each individual served by the team at least one (1) time every six (6) months. This function of the team psychiatrist shall not be performed by the AHCP.
(3) Each month, the ACT team psychiatrist shall review at least ten percent (10%) of the case load of the AHCP on the team.
(4) The CMHC must demonstrate active participation of the psychiatrist or psychiatrists as members of the ACT team.
(5) The responsibilities of the team psychiatrist or psychiatrists and the AHCP shall include, but not be limited to, the following:
(A) Supervision of the psychiatric treatment of all individuals, including the following:

(i) Performing psychiatric assessments.
(ii) Providing individuals with necessary psychopharmacologic treatment.
(iii) At least a monthly assessment of the individual's response to medications, provided, however, that more frequent assessment may be required if an individual is in crisis.
(B) Attending a combined total of at least seventy percent (70%) of treatment planning meetings.
(C) Active collaboration with all registered nurses and licensed practical nurses.
(D) Supervision of the medication management system.

(d) An ACT team shall have a team leader who must meet the following requirements:
(1) The team leader shall:
(A) be assigned full time to the team;
(B) be a QBHP; and
(C) have at least two (2) years previous supervisory experience.
(2) The responsibilities of the team leader include, but are not limited to, the following:
(A) Providing the direct supervision of team members in compliance with the policies of the CMHC.
(B) Functioning as a practicing clinician with contact with individuals for at least five (5) hours per week.

(e) An ACT team shall have nurses who meet the following requirements:
(1) An ACT team serving fifty (50) or fewer individuals shall have at least one (1) full-time registered nurse.
(2) A registered nurse shall have at least six (6) months of experience working with persons with mental illness before serving on an ACT team.
(3) A registered nurse shall perform the following critical roles:
(A) In collaboration with the psychiatrist or AHCP, a registered nurse shall:
(i) manage the medication system; and
(ii) administer and document medication treatment.
(B) Conduct health assessments of individuals within the scope of practice of a registered nurse.
(C) Coordinate services with other health providers.
(D) Provide training to other ACT team members to assist them in monitoring psychiatric symptoms and medication side effects.
(4) A licensed practical nurse serving on the ACT team shall have at least six (6) months of experience working with persons with mental illness.
(5) A licensed practical nurse shall have the following responsibilities:
(A) In collaboration with the psychiatrist, registered nurse, or AHCP, a licensed practical nurse shall:
(i) manage the medication system; and
(ii) administer and document the administration of medication.
(B) Coordinate services with other health providers.

(f) An ACT team shall have at least one (1) full-time substance abuse specialist who meets the following requirements:
(1) The substance abuse specialist shall have one (1) of the following:
(A) A license under:
(i) IC 25-23.6-10.5-1 as an addiction counselor; or
(ii) IC 25-23.6-10.5-2 as a clinical addiction counselor.
(B) A credential in addictions counseling from a credentialing body approved by the division.
(C) Two (2) years of experience as a substance abuse counselor in a substance abuse program and be actively working toward licensure under clause (A) or an approved credential under clause (B).
(2) The substance abuse specialist shall have the following responsibilities:
(A) Taking the lead in substance abuse assessment, planning, and treatment for all individuals.
(B) Providing treatment specifically indicated for individuals with mental illness and substance abuse issues for all individuals.
(C) Providing training to other ACT team members to assist them in:
(i) identifying substance abuse issues; and
(ii) monitoring the progress of individuals in treatment.

(g) An ACT team shall have at least one (1) full-time vocational specialist who meets the following requirements:
(1) A vocational specialist works with a supported employment program operated by a CMHC under a

contract with the office of vocational rehabilitation services.
(2) A vocational specialist shall have the following responsibilities:
(A) Providing to individuals a full range of supported employment services including, but not limited to, the following:
(i) Vocational assessment and planning.
(ii) Job development.
(iii) Job placement.
(iv) Job support.
(v) Career counseling.
(vi) Employment follow-along.
(vii) Maintaining a liaison with vocational rehabilitation counselors.
(B) Providing training to other ACT team members regarding the range of supported employment services.

(h) An ACT team shall have at least one (1) full-time team member who meets the following requirements:
(1) The team member performs general community support tasks listed in section 5(b) through 5(g) of this rule.
(2) The team member is qualified as an OBHP under this article and must:
(A) hold an associate's or bachelor's degree;
(B) have six (6) months of behavioral health experience; and
(C) meet minimum competency standards set forth by the:
(i) CMHC;
(ii) supervising licensed professional or the QBHP.

(i) An ACT team may have a recovery specialist who meets the following requirements:
(1) A recovery specialist holds a recovery specialist certificate issued or approved by the division.
(2) A recovery specialist:
(A) shall be a fully integrated member of the team; and
(B) must participate in the clinical responsibilities and functions of the team in providing direct services to individuals.
(3) A recovery specialist must be counted when calculating the case ratio.

(Division of Mental Health and Addiction; 440 IAC 11-3-1)

440 IAC 11-3-2 Staff requirements for ACT teams serving more than 50 individuals

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6
Affected: IC 12-24-19

Sec. 2. (a) An ACT team serving more than fifty (50) individuals shall have qualified staff to fill the functions in this section.

(b) Staff for the positions of psychiatrist or AHCP, registered nurse, and licensed practical nurse shall be added in accordance with the following provisions:
(1) When a team serves more than fifty (50) individuals, the required additional time of either the psychiatrist or the AHCP must be prorated at the rate of a total sixteen (16) hours per week for fifty (50) individuals.
(2) When a team serves more than fifty (50) individuals, the additional time of the registered nurse may be accomplished by adding a licensed practical nurse. Whether the additional time is fulfilled by a registered nurse or a licensed practical nurse, the time must be prorated at the rate of one (1) full-time equivalent per week for fifty (50) individuals.

(c) Teams serving more than fifty (50) individuals must add staff members that meet the following requirements:
(1) Staff positions shall be added based on the specific needs of each team.
(2) The additional staff members shall actively participate within the team.
(3) Any additional staff member shall meet at least one (1) of the following criteria:

(A) Have a minimum of a bachelor's degree in one (1) of the social service fields of psychology, social work, sociology, or counseling.
(B) Have a minimum of four (4) years of experience working with persons with serious mental illness.
(C) Have a diploma or certificate in practical nursing.
(D) Meet the requirements specified in section 1 of this rule for one (1) of the following:
(i) Substance abuse specialist.
(ii) Vocational specialist.
(iii) OBHP.
(iv) Recovery specialist.
(v) QBHP.

(4) When a team serves more than fifty (50) individuals, additional staff members must be added to the team in accordance with the following table:

Table 1	
Number of individuals served:	**Minimum number of full-time staff to be added:**
51-60	**1**
61-70	**2**
71-80	**3**
81-90	**4**
91-100	**5**
101-110	**6**
111-120	**7**

(Division of Mental Health and Addiction; 440 IAC 11-3-2)

440 IAC 11-3-3 Operational standards

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6
Affected: IC 12-24-19

Sec. 3. (a) Each ACT team shall meet the operational standards in this section.

(b) All individuals admitted to the ACT team must meet the admission criteria in section 4 of this rule.

(c) At least eighty percent (80%) of the individuals must have a 295-296 Axis I diagnosis as defined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

(d) An ACT team shall not admit more than five (5) individuals per month.

(e) The ACT team shall operate at least eight (8) hours per day from Monday through Friday.

(f) On weekends and holidays, an ACT team shall provide at least two (2) hours of direct service per day, subject to the following:
(1) On weekends and holidays, if a team member has scheduled a face-to-face contact with an individual or the individual's family, and if the individual or individual's family fails to attend or to appear for the appointment, the attempt at contact will be counted toward the two (2) hours of direct service required in this subsection.
(2) An inability to contact an individual by telephone will not be counted toward meeting the requirement for two (2) hours of direct service per day on a weekend or holiday.

(g) Subject to subsections (e) and (f), at least one (1) team member shall be on call at all other hours.

(h) ACT team staff and individuals must have face-to-face contact on an average of at least three (3)

times per week. For any time period being calculated, the total number of weekly face-to-face contacts with all individuals divided by the total number of ACT individuals will equal an average of three (3) or more face-to-face contacts per individual.

(i) Individuals must have face-to-face contact for an average of at least two (2) hours per week per individual. For any time period being calculated, the total number of weekly face-to-face contact hours for all individuals divided by the total number of all ACT individuals will equal an average of two (2) or more hours of contact per individual.

(j) At least seventy-five percent (75%) of all team contacts with individuals during a one (1) month period shall occur out of the ACT team office.

(k) An average of at least ninety percent (90%) of individuals during a one (1) month period shall have contact with three (3) or more team members per month.

(l) For a minimum of six (6) months, the team shall attempt at least two (2) face-to-face contacts out of the office per month with individuals who choose not to participate in ACT.

(m) During any twelve (12) month period, at least eighty percent (80%) of acute inpatient admissions for individuals being served by an ACT team shall be planned jointly with the ACT team.

(n) During any twelve (12) month period, at least ninety percent (90%) of acute inpatient discharges for individuals that were being served by an ACT team prior to hospitalization shall be planned jointly with the ACT team.

(o) Excluding planned graduations, at least eighty percent (80%) of the caseload shall be retained over a twelve (12) month period.

(p) The ACT team shall offer services to all individuals on a time unlimited basis.

(q) Fewer than twenty percent (20%) of individuals will transition to less intensive services annually, excluding individuals who drop out of ACT.

(r) A member of the ACT team shall contact or attempt to contact each individual not less than once every two (2) weeks.

(s) A team shall not serve more than one hundred twenty (120) individuals at a time.

(t) Daily team meetings shall be held each business day and shall meet the following requirements:
(1) Team members assigned to be on duty shall attend each daily team meeting.
(2) The psychiatrist or the AHCP must attend at least two (2) daily ACT team meetings per week.
(3) All team members present for a daily meeting shall record their presence in writing by providing the following information:
(A) Name.
(B) Credentials.
(C) Date.
(D) Signature.
(4) The team leader or designee shall document the absence of any team member from the daily meeting.
(5) Team members, except the psychiatrist or the team leader, may participate in a daily team meeting from a remote location through the use of telephone or interactive computer audio-video systems, except as follows:
(A) Not more than one (1) staff member may use remote participation during each daily meeting.
(B) The same staff member may not use remote participation more than twice in the same week.
(6) The remote participation of any team member shall be:

(A) recorded on the attendance record by the team leader or designee; and
(B) identified in writing as participation from a remote location.
(7) Remote participation must allow for live, active participation by audio or visual means among the team members at the meeting site and the remote staff person.
(8) At each daily meeting, the status of all individuals shall be reviewed and a brief behavioral statement shall be recorded in the daily log.
(9) The daily staff schedule shall be written during the daily team meeting.
(10) A team shall:
(A) have record retention policies; and
(B) retain documentation of all activities conducted in the daily team meeting in accordance with those policies.

(u) All team member contacts with individuals must be documented in the individual's clinical record, which shall be easily accessible to the entire team.

(v) The team shall provide crisis services twenty-four (24) hours per day and seven (7) days per week. Crisis services must comply with the requirements of 440 IAC 9-2-2 and must also comply with the following:
(1) A team member shall be available by telephone or face-to-face with backup by:
(A) the team leader; and
(B) either a psychiatrist or an AHCP.
(2) The team shall have an active, ongoing collaboration with emergency services providers.

(w) If any of the following positions are vacant, the CMHC must provide alternative staffing for the duration of the vacancy:
(1) Team leader.
(2) Registered nurse.
(3) Psychiatrist.

(x) A staff position on the team shall not remain vacant for more than sixty (60) calendar days. If a staff position is vacant for more than sixty (60) days, the CMHC shall notify the division in writing.

(y) The team must have a written plan that details how positions are covered when team members are absent.

(Division of Mental Health and Addiction; 440 IAC 11-3-3)

440 IAC 11-3-4 ACT admission and discharge criteria

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6
Affected: IC 12-24-19

Sec. 4. (a) All individuals admitted to ACT must meet the following criteria:
(1) Be at least eighteen (18) years of age.
(2) Meet the division criteria for persons with serious mental illness as defined in 440 IAC 8-2-2.
(3) Require intensive, community based services as specified in the admission criteria for ACT, which shall include an assessment of the following:
(A) Level of need based on the adult needs and strengths assessment tool or its successor.
(B) Discharge from a state psychiatric hospital within the previous twelve (12) months.
(C) Other psychiatric hospitalizations in the previous two (2) years.
(D) Criminal justice or legal system involvement.
(E) Co-occurring substance abuse.
(F) Homelessness or imminent risk of homelessness.

(b) An individual must meet the diagnostic criteria specified in section 3(c) of this rule.

(c) When an individual is discharged from ACT to less intensive services, a discharge plan must

provide for the following:
(1) A gradual transfer period.
(2) A plan to maintain continuity of treatment at appropriate levels of intensity to support the individual's continued recovery.
(3) A plan for the individual's return to the ACT team if needed.

(d) Individuals may be readmitted to ACT based on the following criteria:
(1) If the individual was discharged from ACT within the past twelve (12) months, any of the following has occurred within sixty (60) days prior to readmission:
(A) A psychiatric hospitalization or emergency room visit.
(B) A hospitalization or an emergency room visit as a result of substance abuse.
(C) An arrest or other law enforcement contact.
(D) Homelessness or risk of homelessness.
(E) Admission to a subacute stabilization facility.
(2) If the individual was discharged from ACT more than twelve (12) months prior to readmission, at least one (1) of the conditions in subsection (a)(3) has been met.

(e) Each CMHC must have specific procedures for the transfer of an individual from one (1) ACT team to another, either within a CMHC or to another CMHC. These procedures must, at a minimum, specify the steps to be taken to ensure that:
(1) the individual meets with the new team; and
(2) information from the individual's clinical record information is appropriately shared with the new team.

(f) Discharges from ACT services shall be in accordance with division-approved criteria, which includes an assessment of the following:
(1) The level of need based on the current division-approved assessment tool.
(2) The criteria for admission to ACT.
(3) The stages of change.
(4) The continued medical necessity for high intensity, community-based care.

(Division of Mental Health and Addiction; 440 IAC 11-3-4)

440 IAC 11-3-5 Support and rehabilitative services

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6
Affected: IC 12-24-19

Sec. 5. (a) Services provided to each individual shall be based on an individualized rehabilitation plan that meets the following requirements:
(1) An initial plan is prepared within seven (7) business days of an individual's admission to ACT services.
(2) A comprehensive plan that is a person-centered plan must be developed within thirty (30) days of admission.
(3) The plan:
(A) is developed by the individual and the ACT team; and
(B) may include others whom the individual chooses to be a part of the treatment team.
(4) The plan contains:
(A) specific goals; and
(B) objective criteria for meeting the goals.
(5) The plan includes criteria for graduation.
(6) The individual and ACT team shall:
(A) review the plan at least every ninety (90) days; and
(B) update the plan at least annually.
(7) The plan shall be signed by the individual and the team members.

(b) Based on individual needs and rehabilitation plan goals and objectives, the team shall perform the following functions for ACT individuals:

(1) Locate safe, affordable housing, with an emphasis on an individual's choice and independent community housing.
(2) Provide financial management support, including the use of legal mechanisms such as representative payee.
(3) Support the individual in skills training, including the following:
(A) Self care.
(B) Homemaking.
(C) Financial management.
(D) Use of transportation.
(E) Use of health and social service resources.
(F) Social and interpersonal relationships.
(G) Leisure time activities.
(4) Provide education to the individual regarding mental illness or addiction issues.

(c) The ACT team shall monitor and provide supervision, education, and support in the administration of psychiatric medications for all ACT individuals.

(d) All team members shall monitor symptom response and medication side effects.

(e) Team members shall educate individuals about symptom management and the prevention of relapse.

(f) The team shall actively and assertively engage and reach out to individuals' family members or significant others, after obtaining the individual's permission. With the individual's consent, the team shall do the following:
(1) Establish ongoing communication and collaboration between the team and family members.
(2) Educate the family about the following:
(A) Mental illness.
(B) The family's role in treatment.
(C) Symptom management.
(D) Relapse prevention.
(3) Provide interventions to promote positive interpersonal relationships.

(g) The team shall facilitate an individual's access to the following services:
(1) Medical and dental services.
(2) Social services.
(3) Transportation and access to transportation.
(4) Legal advocacy.

(Division of Mental Health and Addiction; 440 IAC 11-3-5)

440 IAC 11-3-6 Program improvement and evaluation

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6
Affected: IC 12-24-19

Sec. 6. (a) The ACT team shall monitor the following:
(1) Hospitalization, housing, and employment outcomes for all individuals.
(2) The team's compliance with this article quarterly and shall modify team operations as indicated.
(3) Compliance with the operational standards contained in this rule at least monthly.

(b) The ACT team shall participate in the division's quality assurance program.

(Division of Mental Health and Addiction; 440 IAC 11-3-6)

440 IAC 11-3-7 Notification of change

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-24-19-6
Affected: IC 12-24-19; IC 12-27

Sec. 7. (a) Notwithstanding subsection (b), a CMHC must notify the division, in writing, within thirty (30) days after the occurrence of any of the following:

(1) A documented violation of the rights of an individual being treated for mental illness under IC 12-27.

(2) A suicide attempt by an individual.

(3) The death of an individual.

(b) Prior to implementation of changes to team specific admission criteria, a CMHC must submit to the division, in writing, the revised admission criteria. The CMHC shall not implement the revised admission criteria until approved in writing by the division.

(Division of Mental Health and Addiction; 440 IAC 11-3-7)

440 IAC 11-3-8 Appeal rights

Authority: IC 12-21-2-3
Affected: IC 4-21.5-3

Sec. 8. A CMHC that is aggrieved by an adverse action taken by the division under this article may appeal the action under IC 4-21.5-3.

(Division of Mental Health and Addiction; 440 IAC 11-3-8)

SECTION 2. 440 IAC 5.2 IS REPEALED.

Notice of Public Hearing

Posted: 09/22/2010 by Legislative Services Agency
An html version of this document.