

TITLE 440 DIVISION OF MENTAL HEALTH AND ADDICTION

NOTE: Under IC 16-13-1-3, the name of the Department of Mental Health is changed to Division of Mental Health, effective January 1, 1992.

NOTE: Under P.L.215-2001, SECTION 54, the name of the Division of Mental Health is changed to Division of Mental Health and Addiction, effective July 1, 2001.

ARTICLE 1. GENERAL PROVISIONS: COMMISSIONER OF MENTAL HEALTH

Rule 1. Commissioner's Powers and Duties (Repealed)

(Repealed by Division of Mental Health and Addiction; filed Sep 12, 1988, 4:45 p.m.: 12 IR 293)

Rule 1.5. Licensure of Free-Standing Psychiatric and Alcoholism/Drug Abuse Inpatient Treatment Facilities (Repealed)

(Repealed by Division of Mental Health and Addiction; filed Oct 11, 2002, 11:26 a.m.: 26 IR 745)

Rule 2. Superintendents of State Institutions; Qualifications

440 IAC 1-2-1 State mental hospital superintendents (Repealed)

Sec. 1. *(Repealed by Division of Mental Health and Addiction; filed Oct 11, 1996, 2:00 p.m.: 20 IR 758)*

440 IAC 1-2-2 Superintendent of Indiana Village for Epileptics (Transferred)

Sec. 2. *(NOTE: Transferred from Division of Mental Health (440 IAC 1-2-2) to Division of Aging and Rehabilitative Services (460 IAC 4-1-1) by P.L.9-1991, SECTION 134, effective January 1, 1992.)*

440 IAC 1-2-3 State school superintendents (Repealed)

Sec. 3. *(Repealed by Division of Mental Health and Addiction; filed Oct 11, 1996, 2:00 p.m.: 20 IR 758)*

Rule 3. Northern Indiana State Hospital and Developmental Disabilities Center (Repealed)

(Repealed by Division of Mental Health and Addiction; filed Oct 11, 1996, 2:00 p.m.: 20 IR 758)

Rule 4. Health Planning Services (Repealed)

(Repealed by Division of Mental Health and Addiction; filed Oct 11, 1996, 2:00 p.m.: 20 IR 758)

ARTICLE 1.5. LICENSURE OF PRIVATE MENTAL HEALTH INSTITUTIONS

Rule 1. Definitions

440 IAC 1.5-1-1 Applicability

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2

Affected: IC 12-25

Sec. 1. The definitions in this rule apply throughout this article. *(Division of Mental Health and Addiction; 440 IAC 1.5-1-1; filed Oct 11, 2002, 11:26 a.m.: 26 IR 733)*

440 IAC 1.5-1-2 "Accreditation" defined

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2

Affected: IC 12-25

Sec. 2. "Accreditation" means an accrediting agency has determined that a private mental health institution has met specific

requirements of the accrediting agency. (*Division of Mental Health and Addiction; 440 IAC 1.5-1-2; filed Oct 11, 2002, 11:26 a.m.: 26 IR 733*)

440 IAC 1.5-1-3 “Accrediting agency” defined

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2
Affected: IC 12-25

Sec. 3. “Accrediting agency” means an organization, included on a list of accrediting organizations approved by the division, which has developed clinical, financial, and organizational standards for the operation of a provider of mental health services and which evaluates a private mental health institution’s compliance with its established standards on a regularly scheduled basis. (*Division of Mental Health and Addiction; 440 IAC 1.5-1-3; filed Oct 11, 2002, 11:26 a.m.: 26 IR 733*)

440 IAC 1.5-1-4 “Consumer” defined

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2
Affected: IC 12-25

Sec. 4. “Consumer” means an individual who is receiving assessment or mental health services from the private mental health institution. (*Division of Mental Health and Addiction; 440 IAC 1.5-1-4; filed Oct 11, 2002, 11:26 a.m.: 26 IR 733*)

440 IAC 1.5-1-5 “Division” defined

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2
Affected: IC 12-25

Sec. 5. “Division” means the division of mental health and addiction. (*Division of Mental Health and Addiction; 440 IAC 1.5-1-5; filed Oct 11, 2002, 11:26 a.m.: 26 IR 733*)

440 IAC 1.5-1-6 “Licensed mental health professional” defined

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2
Affected: IC 12-25

Sec. 6. “Licensed mental health professional” means a mental health professional whose scope of practice under Indiana licensure encompasses the expertise involved in writing orders for treatment and who is appropriately credentialed under the private mental health institution’s bylaws and policies to write such orders. (*Division of Mental Health and Addiction; 440 IAC 1.5-1-6; filed Oct 11, 2002, 11:26 a.m.: 26 IR 734*)

440 IAC 1.5-1-7 “Mental health services” defined

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2
Affected: IC 12-25

Sec. 7. “Mental health services” means psychological services, counseling services, case management services, residential services, and other social services for the treatment and care of individuals with psychiatric disorders or chronic addictive disorders, or both. (*Division of Mental Health and Addiction; 440 IAC 1.5-1-7; filed Oct 11, 2002, 11:26 a.m.: 26 IR 734*)

440 IAC 1.5-1-8 “Private mental health institution” defined

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2
Affected: IC 12-25; IC 16

Sec. 8. “Private mental health institution” means an inpatient hospital setting, including inpatient and outpatient services provided in that setting, for the treatment and care of individuals with psychiatric disorders or chronic addictive disorders, or both, that is physically, organizationally, and programmatically independent of any hospital or health facility licensed by the Indiana state

department of health under IC 16. (*Division of Mental Health and Addiction; 440 IAC 1.5-1-8; filed Oct 11, 2002, 11:26 a.m.: 26 IR 734*)

440 IAC 1.5-1-9 “PRN” defined

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2
Affected: IC 12-25

Sec. 9. “PRN” means as needed. (*Division of Mental Health and Addiction; 440 IAC 1.5-1-9; filed Oct 11, 2002, 11:26 a.m.: 26 IR 734*)

Rule 2. General Provisions

440 IAC 1.5-2-1 Applicability

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2
Affected: IC 12-25; IC 16

Sec. 1. This article applies to any inpatient, hospital setting, including inpatient and outpatient services provided in that setting, for the treatment and care of individuals with psychiatric disorders or chronic addictive disorders, or both, that is physically, organizationally, and programmatically independent of any hospital or health facility licensed by the Indiana state department of health under IC 16. (*Division of Mental Health and Addiction; 440 IAC 1.5-2-1; filed Oct 11, 2002, 11:26 a.m.: 26 IR 734*)

440 IAC 1.5-2-2 Licensure by the division

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2
Affected: IC 12-25

Sec. 2. (a) Before an entity may operate as a private mental health institution, the entity must be licensed by the division under this article.

(b) A private mental health institution shall be accredited by an accrediting agency approved by the division.

(c) The following components are required to be present for licensure as a private mental health institution:

- (1) Governing board.
- (2) Medical or professional staff organization.
- (3) Quality assessment and improvement program.
- (4) Dietetic service.
- (5) Infection control program.
- (6) Medical record services.
- (7) Nursing service.
- (8) Physical plant, maintenance, and environmental services.
- (9) Intake and treatment services.
- (10) Discharge planning services.
- (11) Pharmacy services.
- (12) Plan for special procedures.

(d) The private mental health institution shall have a written plan that clearly defines their course of action and arrangements for emergency services.

(e) The facility shall make a verbal report to the division within twenty-four (24) hours of occurrence of any of the following:

- (1) Death or kidnapping of consumer occurring after admission.
- (2) A disruption, exceeding four (4) hours, in the continued safe operation of the facility or in the provision of consumer care, caused by internal or external disasters, strikes by health care workers, or unscheduled revocation of vital services.
- (3) Any fire or explosion.

(f) In addition, a written report on occurrences listed in subsection (e) shall be submitted to the division within ten (10) working days.

(g) The facility shall make a written report within ten (10) working days of the occurrence of any of the following:

- (1) Serious consumer injuries with the potential of a loss of function or marked deterioration of a consumer's condition occurring under unanticipated or unexpected circumstances.
- (2) Chemical poisoning occurring within the facility resulting in a negative consumer outcome.
- (3) Unexplained loss of or theft of a controlled substance.
- (4) Missing consumer whose whereabouts are unknown for over twenty-four (24) hours.

(h) All written reports shall include the following:

- (1) An explanation of the circumstances surrounding the incident.
- (2) Summaries of all findings, conclusions, and recommendations associated with the review of the incident.
- (3) A summary of actions taken to resolve identified problems, to prevent recurrence of the incident, and to improve overall consumer care.

(i) In the event of flood, fire, or other disaster, when significant damage has occurred to the facility, the governing board, or the governing board's designee, or the director of the division shall suspend the use of all or that part of the facility as may be necessary to ensure the safety and well being of consumers. The director of the division shall issue a permit to reoccupy the facility after it is inspected and approved as safe by the Indiana state department of health or the department of fire prevention and building safety commission, or both.

(j) A private mental health institution that has applied for licensure or has been licensed must supply any information requested by the division as fully as it is capable. Failure to comply with a request from the division may result in revocation or denial of a private mental health institution's licensure.

(k) As the licensing body, the division may conduct inspections and investigate complaints and incidents in any private mental health institution.

(l) A private mental health institution's license shall be posted in a conspicuous place in the facility open to consumers and the public. (*Division of Mental Health and Addiction; 440 IAC 1.5-2-2; filed Oct 11, 2002, 11:26 a.m.: 26 IR 734*)

440 IAC 1.5-2-3 Application for licensure

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2

Affected: IC 12-25-1-6

Sec. 3. (a) An entity seeking licensure as a private mental health institution shall file an application with the division.

(b) The application shall contain the following:

- (1) A description of the organizational structure and mission of the applicant.
- (2) The location of all operational sites of the applicant.
- (3) The consumer population to be served and the program focus.
- (4) List of governing board members and executive staff.
- (5) A copy of the applicant's procedures to ensure protection of consumer rights and confidentiality.
- (6) Evidence of an on-site review and inspection by the Indiana state department of health and the correction of any deficiencies.
- (7) Evidence of an on-site review and inspection by the department of fire prevention and building safety commission and the correction of any deficiencies.
- (8) Other materials as requested by the division to assist in the evaluation of the application.

(c) An applicant that is accredited must forward to the division proof of accreditation in all services provided by the applicant, site survey recommendations from the accrediting agency, and the applicant's responses to the site survey recommendations.

(d) The division may require the applicant to correct any deficiencies described in the site survey.

(e) If the entity is not yet accredited in all services provided by the applicant, a temporary license may be issued for six (6) months, if the entity provides proof of application to an accrediting body approved by the division.

(f) If the nonaccredited entity continues to meet the other requirements for licensure, temporary licensure may be extended for no more than six (6) additional months.

(g) Before the extended temporary license expires, the applicant must forward to the division the following:

- (1) Proof of accreditation.
- (2) Site survey recommendations from the accrediting agency.

- (3) The applicant's responses to the site survey recommendations.
- (4) The division may require the applicant to correct any deficiencies described in the site survey.
- (5) Any other materials requested by the division as a part of the application process.
- (h) If the applicant fails to achieve accreditation within twelve (12) months, the applicant may not reapply for licensure until twelve (12) months after the extended temporary license ends.
 - (i) The division may issue a license as a private mental health institution to the applicant after the division has determined that the applicant meets all criteria for a private mental health institution set forth in this rule and in federal and state law.
 - (j) The regular licensure shall expire one (1) year after the date of issuance.
 - (k) Relicensure of a facility is required when any of the following occur:
 - (1) Change in ownership.
 - (2) Change in the location of the physical plant.
 - (3) Change in the primary program focus.
 - (4) When the existing license expires.
 - (l) The applicant has the right to a hearing conducted by the director of the division or the director's designee, pursuant to IC 12-25-1-6.
 - (m) If an applicant is denied licensure, a new application for licensure may not be submitted until twelve (12) months have passed. (*Division of Mental Health and Addiction; 440 IAC 1.5-2-3; filed Oct 11, 2002, 11:26 a.m.: 26 IR 735*)

440 IAC 1.5-2-4 Maintenance of licensure

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2
Affected: IC 12-25; IC 12-27

Sec. 4. Maintenance of licensure is dependent upon the following:

- (1) The private mental health institution shall maintain accreditation from an accrediting agency approved by the division. The division shall annually provide all private mental health institutions with a list of accrediting agencies approved by the division.
- (2) The private mental health institution shall maintain compliance with required health, fire, and safety codes as prescribed by federal, state, and local law.
- (3) Each private mental health institution shall have written policies and enforce these policies to support and protect the fundamental human, civil, constitutional, and statutory rights of each consumer.
- (4) Each private mental health institution shall do the following:
 - (A) Give a written statement of rights under IC 12-27 to each consumer. The statement shall include the toll free consumer service line number and the telephone number for Indiana protection and advocacy services.
 - (B) Post the written statement of rights in the reception area of the facility.
 - (C) Document that staff provides both a written and an oral explanation of these rights to each consumer.
 - (D) Each private mental health institution shall respond to complaints from the consumer service line in a timely manner.

(*Division of Mental Health and Addiction; 440 IAC 1.5-2-4; filed Oct 11, 2002, 11:26 a.m.: 26 IR 736*)

440 IAC 1.5-2-5 Notification of changes

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2
Affected: IC 12-25; IC 12-27

Sec. 5. (a) A private mental health institution must notify the division, in writing, thirty (30) days prior to any of the following:

- (1) Change in the location of the private mental health institution's operational site.
- (2) Change in the primary program focus.
- (3) Date of the scheduled accreditation survey and the name of the accrediting agency to provide accreditation.

(b) A private mental health institution must notify the division, in writing, within ten (10) working days after any of the following:

- (1) Change in the accreditation status of the private mental health institution.

- (2) Change in the president of the governing board.
- (3) Change in the chief executive officer of the private mental health institution.
- (4) Unannounced accreditation surveys.
- (5) The initiation of bankruptcy proceedings.
- (6) Adverse action against the entity as the result of the violation of health, fire, or safety codes as prescribed by federal, state, or local law.
- (7) Documented violation of the rights of an individual being treated in the private mental health institution under IC 12-27.

(Division of Mental Health and Addiction; 440 IAC 1.5-2-5; filed Oct 11, 2002, 11:26 a.m.: 26 IR 736)

440 IAC 1.5-2-6 Conditional licensure

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2

Affected: IC 12-25-2

Sec. 6. (a) The division shall change the licensure status of a private mental health institution to that of conditional licensure if the division determines that the private mental health institution has received conditional accreditation status.

(b) The division may change the licensure status of a private mental health institution to that of conditional licensure if the division determines that the private mental health institution no longer meets the requirements in this article.

(c) Within a conditional licensure period, the division may:

- (1) require that the facility stop all new admissions;
- (2) grant an extension of the conditional licensure;
- (3) reinstate the regular license of the private mental health institution if the division requirements are met within the imposed deadline; or
- (4) take action to suspend or revoke the entity's licensure as a private mental health institution if the division requirements are not met within the imposed deadline.

(d) The division shall notify the chief executive officer of the private mental health institution of the change in certification status in writing. The notice shall include the following:

- (1) The standards not met and the actions the private mental health institution must take to meet those standards.
- (2) The amount of time granted the private mental health institution to meet the required standard.
- (3) Actions to be taken by the private mental health institution during the time period of the extension.

(e) The division has the discretion to determine the time period and frequency of a conditional licensure; however, a conditional licensure plus any extensions may not exceed twelve (12) months.

(f) Extension requirements shall include the following:

- (1) If the division grants an extension of a conditional licensure, the division shall notify the private mental health institution in writing.
- (2) The notice shall include the following:
 - (A) The time period of the extension.
 - (B) The standards not met and the actions the private mental health institution must take to meet those standards.
 - (C) Actions to be taken by the private mental health institution during the time period of the extension.

(g) If the private mental health institution does not attain the improvements required by the division within the period of time required, the division shall take action to suspend or revoke the private mental health institution's license in accordance with IC 12-25-2. *(Division of Mental Health and Addiction; 440 IAC 1.5-2-6; filed Oct 11, 2002, 11:26 a.m.: 26 IR 736)*

440 IAC 1.5-2-7 Revocation of licensure

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2

Affected: IC 12-25-2

Sec. 7. (a) The division may revoke the licensure issued under this article after the division's investigation and determination of the following:

- (1) A substantive change in the operation of the private mental health institution, which, under the standards for accreditation, would cause the accrediting agency to revoke the accreditation.

- (2) Failure of the private mental health institution to regain accreditation within ninety (90) days following expiration of the private mental health institution's current accreditation by the private mental health institution's accrediting agency.
- (3) Failure to comply with this article.
- (4) That the physical safety of the consumers or staff of the private mental health institution is compromised by a physical or sanitary condition of a physical facility of a private mental health institution.
- (5) Violation of a federal, state, or local statute, ordinance, rule, or regulation in the course of the operation of the private mental health institution that endangers the health, safety, or continuity of services to consumers.
- (6) The private mental health institution or its corporate owner files for bankruptcy.
- (b) To revoke a license, the director shall follow the requirements in IC 12-25-2.
- (c) If the division revokes an entity's licensure as a private mental health institution, the entity may not continue to operate.
- (d) If the division revokes an entity's licensure as a private mental health institution, the entity may not reapply to become a private mental health institution until a lapse of twelve (12) months from the date of the revocation. (*Division of Mental Health and Addiction; 440 IAC 1.5-2-7; filed Oct 11, 2002, 11:26 a.m.: 26 IR 737*)

440 IAC 1.5-2-8 Appeal rights

Authority: IC 12-21-2-3; IC 12-25-1-2
Affected: IC 12-25-3

Sec. 8. A private mental health institution that is aggrieved by any adverse action taken under this rule may appeal the action under IC 12-25-3. (*Division of Mental Health and Addiction; 440 IAC 1.5-2-8; filed Oct 11, 2002, 11:26 a.m.: 26 IR 737*)

Rule 3. Organizational Standards and Requirements

440 IAC 1.5-3-1 Governing board

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2
Affected: IC 12-25

- Sec. 1. (a) The private mental health institution shall have a governing board.
- (b) The purpose of the governing board is to make policy and to assure the effective implementation of the policy.
 - (c) The duties of the governing board include the following:
 - (1) Meet on a regular basis.
 - (2) Employ a chief executive officer for the private mental health institution who is delegated the authority and responsibility for managing the private mental health institution.
 - (3) Delineate in writing the responsibility and authority of the chief executive officer.
 - (4) Ensure that all workers, including contract and agency personnel, for whom a license, registration, or certification is required, maintain current license, registration, or certification and keep documentation of same so that it can be made available within a reasonable period of time.
 - (5) Ensure that orientation and training programs are provided to all employees and that each employee has a periodic performance evaluation that includes competency evaluation and an individualized education plan.
 - (6) Evaluate the performance of the chief executive officer. Evaluations must be conducted every other year, at a minimum.
 - (7) Establish and enforce prudent business and fiscal policies for the private mental health institution.
 - (8) Develop and enforce written policies governing private mental health institution operations.
 - (9) Develop and implement an ongoing strategic plan that identifies the priorities of the governing board and considers community input and consumer assessment of programs and services offered.
 - (10) Assure that minutes of all meetings are maintained and accurately reflect the actions taken.
 - (11) Conduct an annual assessment that includes the following:
 - (A) A review of the business practices of the private mental health institution to ensure that:
 - (i) appropriate risk management procedures are in place;
 - (ii) prudent financial practices occur; and
 - (iii) professional practices are maintained in regard to information systems, accounts receivable, and accounts

payable.

A plan of corrective action shall be implemented for any identified deficiencies in the private mental health institution's business practices.

(B) A review of the programs of the private mental health institution, assessing whether the programs are well utilized, cost effective, and clinically effective. A plan of corrective action shall be implemented for any identified deficiencies in the private mental health institution's current program practices.

(d) The governing board is responsible for the conduct of the medical or professional staff. The governing board shall do the following:

(1) Determine, with the advice and recommendation of the medical or professional staff, and in accordance with state law, which categories of practitioners are eligible candidates for appointment to the medical or professional staff.

(2) Ensure that:

(A) the requests of practitioners, for appointment or reappointment to practice in the private mental health institution, are acted upon, with the advice and recommendation of the medical or professional staff;

(B) reappointments are acted upon at least biennially;

(C) practitioners are granted privileges consistent with their individual training, experience, and other qualifications; and

(D) this process occurs within a reasonable period of time, as specified by the medical or professional staff bylaws.

(3) Ensure that the medical or professional staff has approved bylaws and rules and that the bylaws and rules are reviewed and approved at least triennially. Governing board approval of medical or professional staff bylaws and rules shall not be unreasonably withheld.

(4) Ensure that the medical or professional staff is accountable and responsible to the governing board for the quality of care provided to consumers.

(5) Ensure that criteria for selection for medical or professional staff membership are individual character, competence, education, training, experience, and judgment.

(6) Ensure that the granting of medical or professional staff membership or professional privileges in the private mental health institution is not solely dependent upon certification, fellowship, or membership in a specialty body or society.

(Division of Mental Health and Addiction; 440 IAC 1.5-3-1; filed Oct 11, 2002, 11:26 a.m.: 26 IR 737)

440 IAC 1.5-3-2 Medical or professional staff organization

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2

Affected: IC 12-25

Sec. 2. (a) There shall be a single organized medical or professional staff that has the overall responsibility for the quality of all clinical care provided to consumers and for the professional practices of its members as well as for accounting to the governing board.

(b) The appointment and reappointment of medical or professional staff shall be based on well-defined, written criteria whereby it can satisfactorily be determined that the individual is appropriately licensed, certified, registered, or experienced and is qualified for privileges and responsibilities sought.

(c) Clinical privileges shall be facility specific and based on an individual's demonstrated current competency.

(d) The facility shall provide clinical supervision when required or indicated.

(e) There shall be a physician on call twenty-four (24) hours a day.

(f) The private mental health institution shall have on staff a medical services director who:

(1) has responsibility for the oversight and provision of all medical services; and

(2) is a physician licensed to practice medicine in Indiana.

(Division of Mental Health and Addiction; 440 IAC 1.5-3-2; filed Oct 11, 2002, 11:26 a.m.: 26 IR 738)

440 IAC 1.5-3-3 Quality assessment and improvement

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2

Affected: IC 12-25

DIVISION OF MENTAL HEALTH AND ADDICTION

Sec. 3. (a) The facility shall establish a planned, systematic, organizational approach to process design, performance, analysis, and improvement. The plan must be interdisciplinary and involve all areas of the facility. Performance expectations shall be established, measured, aggregated, and analyzed on an ongoing basis, comparing performance over time and with other sources. Through this process, the facility identifies changes that will lead to improved performance that is achieved and sustained and reduce the risk of sentinel events.

(b) The process analyzes and makes necessary improvements to the following:

- (1) All services, including service by contractor.
- (2) All functions, including, but not limited to, the following:
 - (A) Discharge and transfer.
 - (B) Infection control.
 - (C) Medication use.
 - (D) Response to emergencies.
 - (E) Restraint and seclusion.
 - (F) Consumer injury.
 - (G) Staff injury.
 - (H) Any other areas that are high risk, problem prone, or high volume incidents.

(3) All medical and treatment services performed in the facility with regard to appropriateness of diagnosis and treatments related to a standard of care and anticipated or expected outcomes.

(c) The facility shall take appropriate action to address the opportunities for improvement found through the quality assessment and improvement plan, and:

- (1) the action shall be documented; and
- (2) the outcome of the action shall be documented as to its effectiveness, continued follow-up, and impact on consumer care.

(Division of Mental Health and Addiction; 440 IAC 1.5-3-3; filed Oct 11, 2002, 11:26 a.m.: 26 IR 739)

440 IAC 1.5-3-4 Dietetic services

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2

Affected: IC 12-25

Sec. 4. (a) The private mental health institution shall have organized food and dietary services that are directed and staffed by adequate, qualified personnel, or a contract with an outside food management company that meets the minimum standards specified in this section.

(b) The food and dietetic service shall have the following:

- (1) A full-time employee who:
 - (A) serves as director of the food and dietetic services; and
 - (B) is responsible for the daily management of the dietary services.
- (2) A registered dietitian, full time, part time, or on a consulting basis. If a consultant is used, he or she shall:
 - (A) submit periodic written reports on the dietary services provided;
 - (B) provide the number of on-site dietitian hours commensurate with the:
 - (i) type of dietary supervision required;
 - (ii) bed capacity; and
 - (iii) complexity of the consumer care services;
 - (C) complete nutritional assessments; and
 - (D) approve menus.

(3) Administrative and technical personnel competent in their respective duties.

(c) The dietary service shall do the following:

- (1) Provide for liaison with the private mental health institution medical or professional staff for recommendations on dietetic policies affecting consumer treatment.
- (2) Correlate and integrate dietary care functions with those of other consumer care personnel that include, but are not limited to, the following:
 - (A) Consumer nutritional assessment and intervention.

(B) Recording pertinent information on the consumer's chart.

(C) Conferring with and sharing specialized knowledge with other members of the consumer care team.

(d) Menus shall meet the needs of the consumers as follows:

(1) Therapeutic diets shall be prescribed by the practitioner responsible for the care of the consumer.

(2) Nutritional needs shall be met in accordance with recognized dietary standards of practice and in accordance with the orders of the responsible practitioner.

(3) A current therapeutic diet manual approved by the dietitian and medical or professional staff shall be readily available to all medical, nursing, and food service personnel.

(4) Menus shall be followed and posted in the food preparation and serving area.

(5) Menus served shall be maintained on file for at least thirty (30) days.

(Division of Mental Health and Addiction; 440 IAC 1.5-3-4; filed Oct 11, 2002, 11:26 a.m.: 26 IR 739)

440 IAC 1.5-3-5 Infection control

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2

Affected: IC 12-25

Sec. 5. (a) The facility shall provide a safe and healthful environment that minimizes infection exposure and risk to consumer, health care workers, and visitors. This is completed in a coordinated process that recognizes the risk of the endemic and epidemic nosocomial infections.

(b) There shall be an active, effective written facility-wide infection control program. Included in the program shall be a system designed for the identification, surveillance, investigation, control, reporting of information (internally and to health agencies), and prevention of infection and communicable diseases in the consumer and health care worker.

(c) The infection control program shall have a method for identifying and evaluating trends or clusters of nosocomial infections or communicable diseases. The infection control process involves universal precautions and other activities aimed at preventing the transmission of communicable diseases significant between consumer and health care workers.

(d) The facility shall have as part of the infection control program a needlestick prevention and exposure plan.

(e) A person, who has the support of facility management and is qualified by training or experience, shall be designated as responsible for the ongoing infection control activities and the development and implementation of the policies governing the control of infection and the communicable diseases.

(f) The facility shall have a functioning infection control committee that includes the individual responsible for the infection control program, a member of the medical or professional staff, a representative from nursing staff, and other appropriate individuals as needed. The committee will meet quarterly and minutes of meeting will be taken.

(g) The duties of the committee include the following:

(1) Writing policies and procedures in regard to sanitation, universal precautions, cleaning, disinfection, aseptic technique, linen management, employee health, personal hygiene, and attire.

(2) Assuring the system complies with state and federal laws to monitor the immune status of consumers and staff exposed to communicable diseases.

(h) Facility management shall be responsible to assure implementation and corrective actions as necessary to ensure that infection control policies are followed.

(i) Management shall provide appropriate infection control input into plans during any renovation or construction. *(Division of Mental Health and Addiction; 440 IAC 1.5-3-5; filed Oct 11, 2002, 11:26 a.m.: 26 IR 739)*

440 IAC 1.5-3-6 Medical record services

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2

Affected: IC 12-25

Sec. 6. (a) The facility shall maintain a written clinical record on every consumer and shall have policies and procedures for clinical record organization and content.

(b) The services must be directed by a registered health information administrator (RHIA) or an accredited health information technician (RHIT). If a full-time or part-time RHIA or RHIT is not employed, then a consultant RHIA or RHIT must be provided

to assist the person in charge. Documentation of the findings and recommendations of the consultant must be maintained.

(c) The unit record system shall be used to assure that the maximum possible information about a consumer is available. The consumer's record shall contain pertinent information, which, at a minimum, shall consist of the following:

- (1) Face sheet (identification data).
 - (2) Referral information.
 - (3) Data base (assessment information).
 - (4) Individual treatment plan.
 - (5) History and physical exams.
 - (6) Physician's or licensed mental health professional's orders.
 - (7) Medication and treatment record.
 - (8) Progress notes.
 - (9) Treatment plan reviews.
 - (10) Special dietetic information.
 - (11) Consultation reports.
 - (12) Correspondence.
 - (13) Legal/commitment papers.
 - (14) Discharge/separation summary.
 - (15) Release/aftercare plans.
- (d) The record shall contain identifying data in accordance with the policy of the facility.

(e) The consumer record shall contain information of any unusual occurrences, such as the following:

- (1) Treatment complications.
- (2) Accidents or injuries to the consumer.
- (3) Morbidity.
- (4) Death of a consumer.
- (5) Procedures that place a consumer at risk or cause unusual pain.
- (f) All entries in the consumer record shall be signed and dated.

(g) Symbols and abbreviations shall be used only if they have been approved by the medical or professional staff and only when there is an explanatory legend and shall not be used in the recording of a diagnosis.

(h) The facility shall be responsible to:

- (1) maintain, control, and supervise consumer records; and
- (2) maintain quality.

(i) The consumer record service shall establish, maintain, and control record completeness systems and mechanisms to ensure the quality and appropriateness of all documentation.

(j) Written policies and procedures shall govern the compilation, storage, dissemination, and accessibility of consumer records and be so designed as to assure that the facility fulfills its responsibility to protect the records against loss, unauthorized alteration, or disclosure of information.

(k) The consumer record shall be considered both a medical and legal document with careful consideration given to each entry in advance; therefore, the record may not be changed unless an error has been made or omission discovered with the correction process identified by policy and procedure.

(l) The facility shall maintain an indexing or referencing system that can be used to locate a consumer record that has been removed from the central file area.

(m) The facility shall have written policies and procedures that protect the confidentiality of consumer records and govern the disclosure of information in the records. The record shall comply with all applicable federal, state, and local laws, rules, and regulations.

(n) All original medical records or legally reproduced medical records must be maintained by the facility for a period of seven (7) years, must be readily accessible, in accordance with the facility policy, and must be kept in a fire resistive structure. (*Division of Mental Health and Addiction; 440 IAC 1.5-3-6; filed Oct 11, 2002, 11:26 a.m.: 26 IR 740*)

440 IAC 1.5-3-7 Nursing service

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2

Affected: IC 12-25

Sec. 7. (a) The private mental health institution shall have an organized nursing service led by a nurse executive, who has the authority and responsibility to ensure that the nursing standards of consumer care, and standards of nursing practice are consistent with professional standards. The nursing executive or designee shall approve all nursing policies, procedures, nursing standards of consumer care and standards of nursing practice. The nurse executive is also responsible for determining number and type of nursing personnel needed as well as maintaining a nursing organizational chart and job description for all positions. The nurse executive participates with leaders of the governing body, management and medical or professional staff, and other clinical areas in planning and promoting and conducting organizational wide performance improvement activities.

(b) The private mental health institution shall have an organized nursing service that provides twenty-four (24) hour nursing services furnished or supervised by a registered nurse.

(c) The service shall have an organized plan that delineates the responsibilities for consumer care, which includes monitoring of each consumer's status and coordinates the provision of nursing care while assisting other professional implementing their plans of care.

(d) The nursing service shall have the following:

(1) Adequate numbers of licensed registered nurses and licensed practical nurses for the provision of appropriate care to all consumers which may include assessing consumer nursing needs, planning, and providing nursing care interventions, preventing complications, providing and improving on consumer comfort and wellness.

(2) The service shall have a procedure to ensure that private mental health institution nursing personnel, including nurse registry personnel for whom licensure is required, have valid and current licensure.

(e) All nursing personnel shall demonstrate and document competency in fulfilling their assigned responsibilities. (*Division of Mental Health and Addiction; 440 IAC 1.5-3-7; filed Oct 11, 2002, 11:26 a.m.: 26 IR 741*)

440 IAC 1.5-3-8 Physical plant; maintenance and environmental services

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2

Affected: IC 12-25

Sec. 8. (a) The private mental health institution shall be constructed, arranged, and maintained to ensure the safety of the consumer and to provide facilities for services authorized under the private mental health institution license as follows:

(1) The plant operations and maintenance service, equipment maintenance, and environmental service shall be:

(A) staffed to meet the scope of the services provided; and

(B) under the direction of a person or persons qualified by education, training, or experience.

(2) There shall be a safety officer designated to assume responsibility for the safety program.

(3) The facility shall provide a physical plant and equipment that meets the statutory requirements and regulatory provisions of the rules of the fire prevention and building safety commission, including 675 IAC 22, Indiana fire codes, and 675 IAC 13, Indiana building codes.

(b) The condition of the physical plant and the overall environment shall be developed and maintained in such a manner that the safety and well being of consumers are assured as follows:

(1) No condition in the facility or on the grounds shall be maintained that may be conducive to the harborage or breeding of insects, rodents, or other vermin.

(2) No condition shall be created or maintained which may result in a hazard to consumers, public, or employees.

(3) There shall be a plan for emergency fuel and water supply.

(4) Provision shall be made for the periodic inspection, preventive maintenance, and repair of the physical plant and equipment by qualified personnel as follows:

(A) Operation, maintenance, and spare parts manuals shall be available, along with training or instruction of the appropriate personnel, in the maintenance and operation of the fixed and movable equipment.

(B) Operational and maintenance control records shall be established and analyzed periodically. These records shall be readily available on the premises.

DIVISION OF MENTAL HEALTH AND ADDICTION

- (C) Maintenance and repairs shall be carried out in accordance with applicable codes, rules, standards, and requirements of local jurisdictions, the administrative building council, the state fire marshal, and the Indiana state department of health.
- (5) The food service of the private mental health institution shall comply with 410 IAC 7-20.
- (c) In new construction, renovations, and additions, the facilities shall meet the following:
- (1) The 2001 edition of the national "Guideline for Construction and Equipment of Private Mental Health Institution and Medical Facilities" (Guidelines).
- (2) All building, fire safety, and handicapped accessibility codes and rules adopted by the fire prevention and building safety commission shall apply to all facilities covered by this rule and take precedence over any building, fire safety, or handicapped accessibility requirements of the Guidelines.
- (3) When renovation or replacement work is done within an existing facility, all new work or addition, or both, shall comply, insofar as practical, with applicable sections of the Guidelines and for certification with appropriate parts of National Fire Protection Association (NFPA) 101 and the applicable rules of the fire prevention and building safety commission.
- (4) Proposed sites shall be located away from detrimental nuisances, well drained, and not subject to flooding. A site survey and recommendations shall be obtained from the department of health prior to site development.
- (5) Water supply and sewage disposal services shall be obtained from municipal or community services. Outpatient facilities caring for consumers less than twenty-four (24) hours that do not provide surgery, laboratory, or renal dialysis services may be served by approved private on-site septic tank absorption field systems.
- (6) Site utility installations for water, sprinkler, sanitary, and storm sewer systems, and wells for potable emergency water supplies shall comply with applicable sections of Bulletin S.E. 13, "On-Site Water Supply and Wastewater Disposal for Public and Commercial Establishments", 1988 edition.
- (7) As early in the construction, addition, or renovation project as possible, the functional and operational description shall be submitted to the division. This submission shall consist of, but not be limited to, the following:
- (A) Functional program narrative as established in the Guidelines.
- (B) Schematics, based upon the functional program, consisting of drawings (as single-line plans), outline specifications, and other documents illustrating the scale and relationship of project components.
- (8) Prior to the start of construction, addition, and/or renovation projects, detailed architectural and operational plans for construction shall be submitted to the plan review division of the department of fire and building services and to the division of sanitary engineering of the Indiana state department of health as follows:
- (A) Working drawings, project manual, and specifications shall be included.
- (B) Prior to submission of final plans and specifications, recognized standards, and codes, including infection control standards, shall be reviewed as required in section 2(f)(2) of this rule.
- (C) All required construction design releases shall be obtained from the state building commissioner and final approval from the division of sanitary engineering of the Indiana state department of health prior to issuance of the occupancy letter by the division.
- (9) All back flow prevention devices shall be installed as required by 327 IAC 8-10 and the current edition of the Indiana plumbing code. Such devices shall be listed as approved by the Indiana state department of health.
- (10) Upon receipt of a construction design release from the state building commissioner and documentation of a completed plan review by the division of sanitary engineering of the Indiana state department of health, a licensure application shall be submitted to the division on the form approved and provided by the division.
- (d) The equipment requirements are as follows:
- (1) All equipment shall be in good working order and regularly serviced and maintained.
- (2) There shall be sufficient equipment and space to assure the safe, effective, and timely provision of the available services to consumers as follows:
- (A) All mechanical equipment (pneumatic, electric, or other) shall be on a documented maintenance schedule of appropriate frequency and with the manufacturer's recommended maintenance schedule.
- (B) There shall be evidence of preventive maintenance on all equipment.
- (C) Appropriate records shall be kept pertaining to equipment maintenance, repairs, and current leakage checks.
- (3) Defibrillators shall be discharged at least in accordance with manufacturers recommendations and a discharge log with initialed entries shall be maintained.

- (4) Electrical safety shall be practiced in all areas.
- (e) The building or buildings, including fixtures, walls, floors, ceiling, and furnishings throughout, shall be kept clean and orderly in accordance with current standards of practice as follows:
 - (1) Environmental services shall be provided in such a way as to guard against transmission of disease to consumers, health care workers, the public, and visitors by using the current principles of:
 - (A) asepsis;
 - (B) cross-infection; and
 - (C) safe practice.
 - (2) Refuse and garbage shall be collected, transported, sorted, and disposed of by methods that will minimize nuisances or hazards.
 - (f) The safety management program shall include, but not be limited to, the following:
 - (1) An ongoing facility-wide process to evaluate and collect information about hazards and safety practices to be reviewed by the safety committee.
 - (2) A safety committee appointed by the chief executive officer that includes representatives from administration, consumer services, and support services.
 - (3) The safety program that includes, but is not limited to, the following:
 - (A) Consumer safety.
 - (B) Health care worker safety.
 - (C) Public and visitor safety.
 - (D) Hazardous materials and wastes management in accordance with federal and state rules.
 - (E) A written fire control plan that contains provisions for the following:
 - (i) Prompt reporting of fires, as required under the provisions of the Indiana Fire Code.
 - (ii) Extinguishing of fires.
 - (iii) Protection of consumers, personnel, and guests.
 - (iv) Evacuation.
 - (v) Cooperation with firefighting authorities.
 - (F) Maintenance of written evidence of regular inspection and approval by state or local fire control agencies.
 - (G) Emergency and disaster preparedness coordinated with appropriate community, state, and federal agencies.

(Division of Mental Health and Addiction; 440 IAC 1.5-3-8; filed Oct 11, 2002, 11:26 a.m.: 26 IR 741)

440 IAC 1.5-3-9 Intake and treatment

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2

Affected: IC 12-25

- Sec. 9. (a) The facility shall have policies and procedures that govern the intake and assessment process to determine eligibility for services.
- (b) Treatment required by the consumer shall be appropriate to the facility and the professional expertise of the staff.
 - (c) Alternatives for less intensive and restrictive treatment are not available in the community.
 - (d) A physical examination shall be completed by a licensed physician, an advanced practice nurse, or physician's assistant within twenty-four (24) hours after admission.
 - (e) An initial emotional, behavioral, social, and legal assessment of each consumer shall be completed upon admission.
 - (f) When the admitted consumer is a child or adolescent under eighteen (18) years of age, then the initial assessment shall also include an evaluation of school progress, a report of involvement with other social/legal services agencies, and an assessment of family functioning and relationships. Family input and advice shall be considered in the diagnosis, treatment planning, and discharge planning process.
 - (g) A child (fourteen (14) years of age and under) may be admitted to a nonsegregated unit (adult unit) only under an emergency situation. The criteria for such an emergency admission must be specified in advance and must include plans for an evaluation by a child psychiatrist within sixty (60) hours of admission.
 - (h) An admission under subsection (g) shall be verbally reported to the division within twenty-four (24) hours of the admission. A written report shall be submitted to the division within ten (10) working days.

(i) A preliminary treatment plan shall be formulated within sixty (60) hours of admission on the basis of the intake assessment done at the time of admission.

(j) Consumers shall participate in the development and review of their own treatment plans. If the consumer agrees to family participation and signs a release of information, the facility shall consider input from and participate with the family in the diagnosis and treatment process.

(k) If a consumer chooses not to participate in the treatment planning process, it shall be documented in the clinical record.

(l) The treatment plan shall specify the services necessary to meet the consumer's needs and shall contain discharge or release criteria and the discharge plan.

(m) Progress notes shall be entered daily in the consumer's record by staff having knowledge of the consumer and responsibility for implementing the treatment plan. The notes from all sources shall be entered in an integrated chronological order in the record, signed, and dated.

(n) At a minimum of every seven (7) days, the treatment plan shall be reviewed and revised as necessary. (*Division of Mental Health and Addiction; 440 IAC 1.5-3-9; filed Oct 11, 2002, 11:26 a.m.: 26 IR 743*)

440 IAC 1.5-3-10 Discharge planning services

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2

Affected: IC 12-25

Sec. 10. To facilitate discharge as soon as an inpatient level of care is no longer required, the private mental health institution shall have effective, ongoing discharge planning initiated at admission that does the following:

(1) Facilitates the provision of follow-up care.

(2) Transfers or refers consumers, along with necessary medical information and records, to appropriate facilities, agencies, or outpatient services, as needed, for follow-up or ancillary care. The information shall include, but not be limited to, the following:

(A) Medical history.

(B) Current medications.

(C) Available social, psychological, and educational services to meet the needs of the consumer.

(D) Nutritional needs.

(E) Outpatient service needs.

(F) Follow-up care needs.

(3) Utilizes available community and private mental health institution resources to provide appropriate referrals or make available social, psychological, and educational services to meet the needs of the consumer.

(*Division of Mental Health and Addiction; 440 IAC 1.5-3-10; filed Oct 11, 2002, 11:26 a.m.: 26 IR 744*)

440 IAC 1.5-3-11 Pharmacy services

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2

Affected: IC 12-25

Sec. 11. The private mental health institution shall have a pharmacy service that ensures that medication use processes are organized and systematic throughout the private mental health institution. The following requirements apply:

(1) The organization shall identify an appropriate selection or formulary of medications available for prescribing or ordering.

(2) The private mental health institution shall address prescribing or ordering and procuring of medications not available within the formulary.

(3) Policies and procedures shall be in place to support safe medication prescription ordering and storage, and address such issues as pain management medication and PRN medications.

(4) The preparation and dispensing of medication(s) shall adhere to law, regulation, licensure, and professional standards of practice.

(5) The preparation and dispensing of medication(s) is appropriately controlled.

(A) There shall be an individual patient dose system in place.

(B) A pharmacist shall review all medication prescriptions or orders, including reviewing for interactions and adverse

effects.

(C) There shall be a system in place for considering important consumer medication information when a medication(s) is prepared and dispensed for a consumer.

(D) There shall be a procedure in place for pharmacy service availability at any times when the pharmacy is closed or otherwise unavailable.

(E) Emergency medications shall be consistently available, controlled, and secure in the pharmacy and consumer care areas.

(F) There shall be a medication recall system providing for the retrieval and safe disposal of discontinued and recalled medications.

(6) There shall be a system in place to insure that prescriptions or orders are verified and consumers are properly identified before any medication is administered or dispensed.

(7) Any investigational medication(s) shall be safely controlled and administered during experimental trials, and safely destroyed at the conclusion of any such investigational trial.

(8) There shall be a written policy in place that assures the routine inspection of the storage of all medications.

(9) There shall be a written system in place to address appropriate storage and dispensing of sample medications.

(Division of Mental Health and Addiction; 440 IAC 1.5-3-11; filed Oct 11, 2002, 11:26 a.m.: 26 IR 744)

440 IAC 1.5-3-12 Plan for special procedures

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-25-1-2

Affected: IC 12-25

Sec. 12. (a) The facility shall have policies and a written plan in place that shall include clinical justification for any of the following special procedures:

(1) The use of restraint or seclusion, or both.

(2) The use electro-convulsive therapy.

(3) The use of investigational and experimental drugs.

(b) If any procedure in this section is utilized, the rationale for the use shall be clearly stated in the consumer record.

(c) The use of restraint or seclusion shall be limited through plans, priorities, human resource planning, staff orientation and education, assessment process that identify and prevent behavioral risk factors. The process shall involve the consumer and, with the consent of the consumer, the family.

(d) Restraint or seclusion use within the facility is limited to incidents and those situations, with adequate appropriate clinical justification, that are required due to dangerousness to the consumer or others.

(e) The use of restraint or seclusion shall be utilized using the least restrictive alternative.

(f) A licensed independent practitioner shall conduct a clinical assessment of the consumer prior to writing an order for seclusion or restraint or within one (1) hour of the initiation of the seclusion or restraint.

(g) The licensed independent practitioner's orders should be limited to four (4) hours for individuals eighteen (18) years of age and older, two (2) hours for individuals nine (9) years of age through seventeen (17) years of age and one (1) hour for individuals under the nine (9) years of age. The orders shall contain behavioral criteria for release.

(h) In an emergency, restraint or seclusion, or both, may only be utilized by trained, clinically privileged staff, and shall be documented in the consumer's record and an order obtained. The licensed independent practitioner must complete a face-to-face evaluation within one (1) hour.

(i) PRN orders shall not be used to authorize seclusion or restraint.

(j) A consumer in restraint or seclusion shall be assessed and monitored continuously through face-to-face observation by an assigned staff member who is trained in correct procedures and competent.

(k) After the first hour, an individual in seclusion only may be monitored by video and audio equipment.

(l) If the individual is put in a physical hold a second staff member shall be assigned to observe.

(m) Documentation shall occur every fifteen (15) minutes in the consumer's record, consistent with the organizational policies.

(n) The use of restraint and seclusion shall be discontinued when the individual meets the behavior criteria set forth in the orders.

(o) Staff and the consumer will participate in debriefing about the restraint and seclusion episode.

(p) The organization shall collect data on the use of restraint and seclusion in order to monitor and improve its performance.

(q) When electro-convulsive therapy or investigational or experimental drugs are used, the written informed consent of the consumer or legal guardian shall be obtained. The consumer or legal guardian may withdraw consent at any time.

(r) The facility shall comply with all federal regulations regarding any of the following special procedures:

(1) The use of restraint or seclusion, or both.

(2) The use electro-convulsive therapy.

(3) The use of investigational and experimental drugs.

(Division of Mental Health and Addiction; 440 IAC 1.5-3-12; filed Oct 11, 2002, 11:26 a.m.: 26 IR 744)

ARTICLE 2. DIVISION OF ADDICTION SERVICES

Rule 1. Methadone Maintenance and Detoxification Treatment (Repealed)

(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 pm: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988])

Rule 2. Certification of Substance Abuse Treatment Programs

440 IAC 2-2-1 Applicability of rule (Repealed)

Sec. 1. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-2 Certificate of approval required (Repealed)

Sec. 2. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-3 Definitions (Repealed)

Sec. 3. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-4 Certification; service categories (Repealed)

Sec. 4. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-5 General requirements applicable to all programs (Repealed)

Sec. 5. (Repealed by Division of Mental Health and Addiction; filed Jul 20, 1983, 1:00 pm: 6 IR 1679, eff Sep 1, 1983)

440 IAC 2-2-5.1 Compliance (Repealed)

Sec. 5.1. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-

130(F) was filed Jan 6, 1988.]

440 IAC 2-2-6 Central intake units; additional requirements (Repealed)

Sec. 6. (Repealed by Division of Mental Health and Addiction; filed Jul 20, 1983, 1:00 pm: 6 IR 1679, eff Sep 1, 1983)

440 IAC 2-2-7 Emergency medical services; additional requirements (Repealed)

Sec. 7. (Repealed by Division of Mental Health and Addiction; filed Jul 20, 1983, 1:00 pm: 6 IR 1679, eff Sep 1, 1983)

440 IAC 2-2-8 Residential short-term detoxification programs; additional requirements (Repealed)

Sec. 8. (Repealed by Division of Mental Health and Addiction; filed Jul 20, 1983, 1:00 pm: 6 IR 1679, eff Sep 1, 1983)

440 IAC 2-2-9 Residential and inpatient treatment and rehabilitation services; additional requirements (Repealed)

Sec. 9. (Repealed by Division of Mental Health and Addiction; filed Jul 20, 1983, 1:00 pm: 6 IR 1679, eff Sep 1, 1983)

440 IAC 2-2-10 Outpatient treatment and rehabilitation services; additional requirements (Repealed)

Sec. 10. (Repealed by Division of Mental Health and Addiction; filed Jul 20, 1983, 1:00 pm: 6 IR 1679, eff Sep 1, 1983)

440 IAC 2-2-11 Application for certification; provisional approval (Repealed)

Sec. 11. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-12 Renewal (Repealed)

Sec. 12. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-13 Denial of certification; notice (Repealed)

Sec. 13. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-14 Grounds for revocation of certification (Repealed)

Sec. 14. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-15 Procedures for revocation or suspension of certification (Repealed)

Sec. 15. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-

130(F) was filed Jan 6, 1988.]

440 IAC 2-2-16 Hearings on denial or revocation (Repealed)

Sec. 16. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-17 Time for compliance with rules (Repealed)

Sec. 17. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-18 Placement in nonapproved facility prohibited (Repealed)

Sec. 18. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-19 Funding of nonapproved facility (Repealed)

Sec. 19. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-20 Special certificate of compliance; limitation (Repealed)

Sec. 20. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-21 Pre-certification approval requirement (Repealed)

Sec. 21. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-22 Program's philosophy; written description (Repealed)

Sec. 22. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-23 Informed consent (Repealed)

Sec. 23. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-24 Nondiscriminatory practices (Repealed)

Sec. 24. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-25 Individualized services (Repealed)

Sec. 25. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-26 Visitation; communication with others outside of the center (Repealed)

Sec. 26. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-27 Written admission criteria; intake procedures (Repealed)

Sec. 27. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-28 Orientation for clients (Repealed)

Sec. 28. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-29 Information on clients (Repealed)

Sec. 29. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-30 Service plan (Repealed)

Sec. 30. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-31 Client's progress (Repealed)

Sec. 31. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-32 Detoxification programs; objectives, policies, procedures (Repealed)

Sec. 32. *(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]*

440 IAC 2-2-33 Residential services (Repealed)

Sec. 33. *(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]*

440 IAC 2-2-34 Outpatient procedures (Repealed)

Sec. 34. *(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]*

440 IAC 2-2-35 Court administered alcohol and drug services (Repealed)

Sec. 35. *(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]*

440 IAC 2-2-36 Transitional residential services (Repealed)

Sec. 36. *(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]*

440 IAC 2-2-37 Intensive outpatient services (Repealed)

Sec. 37. *(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]*

440 IAC 2-2-38 Program utilization records; keeping current files (Repealed)

Sec. 38. *(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]*

440 IAC 2-2-39 Record keeping (Repealed)

Sec. 39. *(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]*

440 IAC 2-2-40 Client records; confidentiality, security (Repealed)

Sec. 40. *(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-*

130(F) was filed Jan 6, 1988.]

440 IAC 2-2-41 Case records; storage (Repealed)

Sec. 41. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-42 Case record review by client (Repealed)

Sec. 42. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-43 Discharge planning for clients (Repealed)

Sec. 43. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-44 Client referrals (Repealed)

Sec. 44. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-45 Written cooperative agreements with other providers (Repealed)

Sec. 45. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-46 Directory of related services (Repealed)

Sec. 46. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-47 Follow-up on clients (Repealed)

Sec. 47. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-48 Cultural differences, language barriers; consideration of staff for clients (Repealed)

Sec. 48. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-49 Program planning; consideration of service area (Repealed)

Sec. 49. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-50 Service needs of target population (Repealed)

Sec. 50. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-51 Formal documented planning process (Repealed)

Sec. 51. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-52 Evaluation program (Repealed)

Sec. 52. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-53 State and local codes; documentation of compliance (Repealed)

Sec. 53. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-54 Fire safety; state and local codes (Repealed)

Sec. 54. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-55 Counseling space (Repealed)

Sec. 55. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-56 First aid supplies; availability and location posted (Repealed)

Sec. 56. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-57 Professional status of employees (Repealed)

Sec. 57. *(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]*

440 IAC 2-2-58 Program policies, procedures manual; employee understanding (Repealed)

Sec. 58. *(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]*

440 IAC 2-2-59 Program policies, procedures manual; uniform procedures (Repealed)

Sec. 59. *(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]*

440 IAC 2-2-60 Job description for staff (Repealed)

Sec. 60. *(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]*

440 IAC 2-2-61 Staff development plan (Repealed)

Sec. 61. *(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]*

440 IAC 2-2-62 Personnel records (Repealed)

Sec. 62. *(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]*

440 IAC 2-2-63 Employee performance appraisal (Repealed)

Sec. 63. *(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]*

440 IAC 2-2-64 Employee assistance policy (Repealed)

Sec. 64. *(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]*

440 IAC 2-2-65 Volunteer program; written policy (Repealed)

Sec. 65. *(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-*

130(F) was filed Jan 6, 1988.]

440 IAC 2-2-66 Volunteer program; orientation and training (Repealed)

Sec. 66. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-67 Volunteer program; records (Repealed)

Sec. 67. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-68 Governing body; policymaking (Repealed)

Sec. 68. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-69 Governing body; meeting, reviews (Repealed)

Sec. 69. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-70 Organization chart; operating policy manual (Repealed)

Sec. 70. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-71 Service plans (Repealed)

Sec. 71. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-72 Medication; assurance of safety and quality (Repealed)

Sec. 72. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-73 Pharmaceutical standards (Repealed)

Sec. 73. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-74 Dietetic services; in-kind or volunteer services (Repealed)

Sec. 74. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-75 Client labor within program (Repealed)

Sec. 75. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-76 Alleged neglect and abuse of clients; investigation (Repealed)

Sec. 76. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-77 Funding to further and continue programs (Repealed)

Sec. 77. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-78 Reimbursement for services (Repealed)

Sec. 78. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-79 Operation costs (Repealed)

Sec. 79. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-80 Fee schedules (Repealed)

Sec. 80. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-81 Revenue and expense budgets; annual preparation (Repealed)

Sec. 81. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-82 Revenue and expense budgets; process (Repealed)

Sec. 82. *(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]*

440 IAC 2-2-83 Projected expenditures (Repealed)

Sec. 83. *(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]*

440 IAC 2-2-84 Cash emergencies (Repealed)

Sec. 84. *(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]*

440 IAC 2-2-85 Uniform accounting principles (Repealed)

Sec. 85. *(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]*

440 IAC 2-2-86 Employee's time reporting (Repealed)

Sec. 86. *(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]*

440 IAC 2-2-87 Consultant contracts (Repealed)

Sec. 87. *(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]*

440 IAC 2-2-88 Cash receipts; internal control (Repealed)

Sec. 88. *(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]*

440 IAC 2-2-89 Revenues and expenses; sufficient records (Repealed)

Sec. 89. *(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]*

440 IAC 2-2-90 Revenue and expenses; audits (Repealed)

Sec. 90. *(Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-*

130(F) was filed Jan 6, 1988.]

440 IAC 2-2-91 Revenue and expenses; accounting policy and procedures manual (Repealed)

Sec. 91. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

440 IAC 2-2-92 Revenues and expenses; reports (Repealed)

Sec. 92. (Repealed by Division of Mental Health and Addiction; filed Jan 6, 1988, 1:26 p.m.: 11 IR 1550, eff Jan 1, 1988 [IC 4-22-2-36 suspends the effectiveness of a rule document for 30 days after filing with the secretary of state. LSA Document #87-130(F) was filed Jan 6, 1988.]

Rule 3. Substance Abuse Treatment; Court-Administered Alcohol and Drug Services; Certification (Repealed)

(Repealed by Division of Mental Health and Addiction; filed Apr 17, 1997, 10:00 a.m.: 20 IR 2404)

Rule 4. Established Business Drug and Alcohol Abuse Prevention Programs; New Business Drug and Alcohol Abuse Prevention Programs; Approval for Income Tax Credits (Repealed)

(Repealed by Division of Mental Health and Addiction; filed Oct 11, 1996, 2:00 p.m.: 20 IR 758)

ARTICLE 3. DIVISION ON MENTAL RETARDATION AND OTHER DEVELOPMENTAL DISABILITIES: ALTERNATE RESIDENTIAL CARE (TRANSFERRED)

NOTE: Transferred from Division of Mental Health and Addiction (440 IAC 3) to Division of Aging and Rehabilitative Services (460 IAC 3) by P.L.9-1991, SECTION 126, effective January 1, 1992.

ARTICLE 4. COMMUNITY MENTAL HEALTH CENTERS

Rule 1. Scope of Rules

440 IAC 4-1-1 Definitions (Repealed)

Sec. 1. (Repealed by Division of Mental Health and Addiction; filed Dec 19, 1995, 3:15 p.m.: 19 IR 1100)

440 IAC 4-1-2 Approval required to qualify for department funding (Repealed)

Sec. 2. (Repealed by Division of Mental Health and Addiction; filed Dec 19, 1995, 3:15 p.m.: 19 IR 1100)

440 IAC 4-1-3 Application for state funding (Repealed)

Sec. 3. (Repealed by Division of Mental Health and Addiction; filed Dec 19, 1995, 3:15 p.m.: 19 IR 1100)

440 IAC 4-1-4 Approval of center's operating budget (Repealed)

Sec. 4. (Repealed by Division of Mental Health and Addiction; filed Dec 19, 1995, 3:15 p.m.: 19 IR 1100)

440 IAC 4-1-5 Apportionment of funds (Repealed)

Sec. 5. (Repealed by Division of Mental Health and Addiction; filed Jan 22, 1988, 1:55 pm: 11 IR 1783)

440 IAC 4-1-5.5 Memorandum of understanding (Repealed)

Sec. 5.5. *(Repealed by Division of Mental Health and Addiction; filed Dec 19, 1995, 3:15 p.m.: 19 IR 1100)*

440 IAC 4-1-6 Reconsideration by division (Repealed)

Sec. 6. *(Repealed by Division of Mental Health and Addiction; filed Dec 19, 1995, 3:15 p.m.: 19 IR 1100)*

440 IAC 4-1-7 Administrative adjudication act; formal appeal (Repealed)

Sec. 7. *(Repealed by Division of Mental Health and Addiction; filed Dec 19, 1995, 3:15 p.m.: 19 IR 1100)*

440 IAC 4-1-8 Fees (Repealed)

Sec. 8. *(Repealed by Division of Mental Health and Addiction; filed Dec 19, 1995, 3:15 p.m.: 19 IR 1100)*

Rule 2. Organization and Management of Community Mental Health Centers

440 IAC 4-2-1 Governing board (Repealed)

Sec. 1. *(Repealed by Division of Mental Health and Addiction; filed Jan 18, 1995, 10:50 a.m.: 18 IR 1474)*

440 IAC 4-2-2 Duties of governing board (Repealed)

Sec. 2. *(Repealed by Division of Mental Health and Addiction; filed Jan 18, 1995, 10:50 a.m.: 18 IR 1474)*

440 IAC 4-2-3 Executive director; selection; recognition; qualifications; responsibilities (Repealed)

Sec. 3. *(Repealed by Division of Mental Health and Addiction; filed Jan 18, 1995, 10:50 a.m.: 18 IR 1474)*

440 IAC 4-2-4 Medical director; responsibilities (Repealed)

Sec. 4. *(Repealed by Division of Mental Health and Addiction; filed Dec 19, 1995, 3:15 p.m.: 19 IR 1100)*

440 IAC 4-2-5 Written policies and procedures (Repealed)

Sec. 5. *(Repealed by Division of Mental Health and Addiction; filed Jan 18, 1995, 10:50 a.m.: 18 IR 1474)*

440 IAC 4-2-6 Fiscal audit (Repealed)

Sec. 6. *(Repealed by Division of Mental Health and Addiction; filed Jan 18, 1995, 10:50 a.m.: 18 IR 1474)*

440 IAC 4-2-7 Subcontractors agreements (Repealed)

Sec. 7. *(Repealed by Division of Mental Health and Addiction; filed Dec 19, 1995, 3:15 p.m.: 19 IR 1100)*

440 IAC 4-2-8 Liability insurance (Repealed)

Sec. 8. *(Repealed by Division of Mental Health and Addiction; filed Jan 18, 1995, 10:50 a.m.: 18 IR 1474)*

Rule 3. Community Mental Health Center Services

440 IAC 4-3-1 Mandatory services

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-29

Sec. 1. (a) The management of services provided by the center shall be so structured as to promote continuity of care to every client. All services of the center must be readily accessible and information easily transferable among service elements. The department and the center shall cooperate in defining and putting into operation policies and procedures that require clinical coordination by the center for patients going into the state hospital and for patients coming from the state hospital to the care of the center.

(b) In order to be designated as a community mental health center, a provider shall, within its designated service area, provide in the following six (6) areas for the treatment and prevention of mental disorders:

- (1) Inpatient services.
- (2) Residential services.
- (3) Partial hospitalization services.
- (4) Outpatient services.
- (5) Consultation-education services.
- (6) Community support program.

(c) Centers are expected to stay sensitive to the demographic makeup of their service areas when planning for the provision of service. Care should be taken to provide for the specialized service needs of children, the older adult, and residents previously discharged from inpatient treatment at a mental health facility. Within the identified framework of mandatory services, the following target populations must be addressed:

- (1) Seriously mentally ill.
- (2) Seriously emotionally disturbed children and adolescents.
- (3) Alcohol and other drug abusers.
- (4) Older adults.

(d) In addition to the above required services, the center may provide additional services to the service area if availability of resources can be demonstrated. (*Division of Mental Health and Addiction; 440 IAC 4-3-1; filed Jun 29, 1983, 10:31 a.m.: 6 IR 1398; filed Jan 22, 1988, 1:55 p.m.: 11 IR 1777; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Apr 3, 2003, 11:10 a.m.: 26 IR 2616, eff Jul 1, 2003*)

440 IAC 4-3-2 Patient admission and treatment requirements (Repealed)

Sec. 2. (*Repealed by Division of Mental Health and Addiction; filed Jan 18, 1995, 10:50 a.m.: 18 IR 1474*)

440 IAC 4-3-3 Requirements for inpatient services (Repealed)

Sec. 3. (*Repealed by Division of Mental Health and Addiction; filed Jan 18, 1995, 10:50 a.m.: 18 IR 1474*)

440 IAC 4-3-4 Requirements for residential programs (Repealed)

Sec. 4. (*Repealed by Division of Mental Health and Addiction; filed Jan 18, 1995, 10:50 a.m.: 18 IR 1474*)

440 IAC 4-3-5 Requirements for partial hospitalization services (Repealed)

Sec. 5. (*Repealed by Division of Mental Health and Addiction; filed Jan 18, 1995, 10:50 a.m.: 18 IR 1474*)

440 IAC 4-3-6 Requirements for outpatient services (Repealed)

Sec. 6. *(Repealed by Division of Mental Health and Addiction; filed Jan 18, 1995, 10:50 a.m.: 18 IR 1474)*

440 IAC 4-3-7 Requirements for consultation and education services (Repealed)

Sec. 7. *(Repealed by Division of Mental Health and Addiction; filed Jan 18, 1995, 10:50 a.m.: 18 IR 1474)*

440 IAC 4-3-8 Requirements for community support program services (Repealed)

Sec. 8. *(Repealed by Division of Mental Health and Addiction; filed Jan 18, 1995, 10:50 a.m.: 18 IR 1474)*

440 IAC 4-3-9 Seriously emotionally handicapped children and adolescents; requirements for services

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-29

Sec. 9. The center shall provide or arrange for a full range of services for the seriously emotionally disturbed children and adolescents of its' *[sic.]* service area including but not limited to:

- (1) diagnosis and treatment;
- (2) treatment in least restrictive alternative available that is clinically appropriate;
- (3) liaison services with other child-serving community agencies;
- (4) follow-up services.

The center shall develop annually a plan to meet the identified needs of children and adolescents in the service area.

The center shall insure that adequately trained staff are available to serve children and adolescents. The center shall provide or arrange for inter-agency coordination where the center and another child-serving community agency is involved in a case. A coordinated case management system shall provide or assure access to services for all children and adolescents who reside within the service area. *(Division of Mental Health and Addiction; 440 IAC 4-3-9; filed Jun 29, 1983, 10:31 am: 6 IR 1400; filed Jan 22, 1988, 1:55 pm: 11 IR 1781; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)*

440 IAC 4-3-10 Alcohol and other drug abusers; requirements for services

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-29

Sec. 10. Appropriate specialized services shall be provided to alcohol and other drug abusers. These services shall include:

- (1) Diagnostic, evaluation, and treatment services in an outpatient setting shall be provided to abusers of alcohol and other drugs.
- (2) There shall be a clear referral network to other programs where the center does not provide the needed service.
- (3) Services shall be consistent with division of addiction services certification requirements.

(Division of Mental Health and Addiction; 440 IAC 4-3-10; filed Jun 29, 1983, 10:31 am: 6 IR 1400; filed Jan 22, 1988, 1:55 pm: 11 IR 1782; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)

440 IAC 4-3-11 Older adults; requirements for services

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-29

Sec. 11. The center shall provide for the service needs of older adults who experience significant loss of functioning due to mental health problems. This shall include but not be limited to:

- (1) identification of an individual to coordinate the accessibility of traditional mental health care services available in the center to older adults;
- (2) development of arrangements to provide services for home bound or institutionalized older adults consistent with their individual needs;
- (3) identified consideration of older adults and their specialized service needs in the development of the annual program plan

as called for in 440 IAC 4-2-2 [440 IAC 4-2-2 was repealed filed Jan 18, 1995, 10:50 a.m.: 18 IR 1474.].
(Division of Mental Health and Addiction; 440 IAC 4-3-11; filed Jan 22, 1988, 1:55 pm: 11 IR 1782; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)

Rule 4. Quality of Service Provided (Repealed)

(Repealed by Division of Mental Health and Addiction; filed Jan 18, 1995, 10:50 a.m.: 18 IR 1474)

Rule 5. Service Standards (Repealed)

(Repealed by Division of Mental Health and Addiction; filed Jan 18, 1995, 10:50 a.m.: 18 IR 1474)

Rule 6. Enforcement and Amendment (Repealed)

(Repealed by Division of Mental Health and Addiction; filed Jan 18, 1995, 10:50 a.m.: 18 IR 1474)

ARTICLE 4.1. COMMUNITY MENTAL HEALTH CENTERS; CERTIFICATION

Rule 1. Definitions

440 IAC 4.1-1-1 Definitions

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-29-2-1

Affected: IC 12-29-2-1

Sec. 1. The following definitions apply throughout this article:

- (1) "Accreditation" means an accrediting agency has determined that a community mental health center has met specific requirements of the accrediting agency.
- (2) "Accrediting agency" means an organization, included on a list of accrediting organizations approved by the division, which has developed clinical, financial, and organizational standards for the operation of a provider of mental health services and which evaluates a center's compliance with its established standards on a regularly scheduled basis.
- (3) "Certification" means the process used by the division to document a community mental health center's compliance with the statutory and regulatory requirements for operation as a community mental health center, including the issuance of a certificate if the community mental health center is found to comply with the requirements in this article.
- (4) "Community mental health center" or "center" means a mental health facility which the division has certified as fulfilling the statutory and regulatory requirements to be a community mental health center.
- (5) "Conflict of interest" means a situation in which an employee, a board member, an officer of the board of a community mental health center, or a family member of any of these individuals, has a private financial interest such as affiliation through employment or contract with an organization that does business with the community mental health center.
- (6) "Consumer" means a primary consumer.
- (7) "Continuum of care" means a range of services the provision of which is assured by a managed care provider. The term includes the following:
 - (A) Individualized treatment planning to increase patient coping skills and symptom management, which may include any combination of services listed in this subdivision.
 - (B) Twenty-four (24) hour a day crisis intervention.
 - (C) Case management to fulfill individual patient needs, including assertive case management when indicated.
 - (D) Outpatient services, including the following:
 - (i) Intensive outpatient services.
 - (ii) Substance abuse services.
 - (iii) Counseling and treatment.
 - (E) Acute stabilization services, including detoxification services.
 - (F) Residential services.
 - (G) Day treatment.
 - (H) Family support services.

(I) Medication evaluation and monitoring.

(J) Services to prevent unnecessary and inappropriate treatment and hospitalization and the deprivation of a person's liberty.

(8) "Direct care staff" means those persons providing medical services, psychological services, counseling services, case management services, residential services, and other social services to consumers.

(9) "Division" means the division of mental health.

(10) "Primary consumer" means an individual who has received or is receiving mental health services.

(11) "Secondary consumer" means a family member, guardian, or health care decision maker for a primary consumer.

(12) "Strategic plan" means a written summary of the governing board's future goals and objectives for the center which provides a time-specified and systematic approach towards implementation, achievement, and methods of evaluation of the accomplishment of the stated goals and objectives.

(Division of Mental Health and Addiction; 440 IAC 4.1-1-1; filed Jan 18, 1995, 10:50 a.m.: 18 IR 1471; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Jun 28, 2001, 4:24 p.m.: 24 IR 3642)

Rule 2. Certification of Community Mental Health Centers

440 IAC 4.1-2-1 Certification by the division

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-29-2-1

Affected: IC 12-29-2-14

Sec. 1. (a) Before an entity may call itself a community mental health center, and before the division may contract with an entity as a community mental health center for mental health services, the entity must be certified by the division under this article, including the assignment of an exclusive geographic primary service area, under 440 IAC 4.1-3.

(b) A center which has applied for certification or which has been certified must provide information related to services as requested by the division and must participate in the division's quality assurance program. A center must respond to a request from the division as fully as it is capable. Failure to comply with a request from the division may result in termination of a center's certification.

(c) When a center has demonstrated compliance with all applicable laws and regulations, including the specific criteria in this article, a certificate shall be issued and shall be posted in a conspicuous place in the facility open to clients and the public. *(Division of Mental Health and Addiction; 440 IAC 4.1-2-1; filed Jan 18, 1995, 10:50 a.m.: 18 IR 1472; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Jun 28, 2001, 4:24 p.m.: 24 IR 3643; filed Apr 3, 2003, 11:10 a.m.: 26 IR 2616, eff Jul 1, 2003)*

440 IAC 4.1-2-2 Organizational standards and requirements

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-29-2-1

Affected: IC 12-29-2-1

Sec. 2. (a) The center shall have a governing board.

(b) The purpose of the governing board is to make policy and to assure the effective implementation of the policy.

(c) The governing board shall meet the following criteria:

(1) The governing board shall be composed of at least five (5) individuals. At least one (1) member shall be a primary or secondary consumer.

(2) Each county served by the center shall have at least one (1) member from that county on the governing board.

(3) No governing board member, with the exception of the president/chief executive officer, may be employed by or contract with the center.

(4) If a board member, including officers of the board, has a conflict of interest, the individual should not vote or use his or her personal influence on the matter. The minutes of the meeting shall reflect that a disclosure was made, the abstention from voting, and that a quorum was present.

(d) The governing board shall meet on a regular basis. The duties of the governing board include the following:

(1) Employ a chief executive officer for the center. The chief executive officer shall have at least a master's degree and shall have demonstrated managerial experience in the mental health care or related field. Individuals employed as chief executive

officers in a center as of January 1, 1995, shall be considered as meeting this qualification.

- (2) Evaluate the chief executive officer. Evaluations must be conducted every other year, at a minimum.
- (3) Establish and enforce prudent business and fiscal policies for the center.
- (4) Develop and enforce written policies governing center operations.
- (5) Develop and implement an ongoing strategic plan that identifies the priorities of the governing board and utilizes community input and consumer assessment of programs and services offered.
- (6) Assure that minutes of all meetings are maintained and accurately reflect the actions taken.
- (7) Develop and enforce policies and procedures regarding conflict of interest by both governing board members and center employees.
- (8) Conduct an annual assessment that includes the following:
 - (A) A review of the business practices of the center to ensure that:
 - (i) appropriate risk management procedures are in place;
 - (ii) prudent financial practices occur;
 - (iii) there is an attempt at maximizing revenue generation; and
 - (iv) professional practices are maintained in regard to information systems, accounts receivable, and accounts payable.

Deficiencies in the center's business practices shall be identified and a plan of corrective action implemented.

(B) A review of the programs of the center, assessing whether the programs are well-utilized, cost effective, and clinically effective. Deficiencies in the center's current program practices shall be identified and a plan of corrective action implemented.

(e) The center shall have on staff a medical services director who:

- (1) has responsibility for the oversight and provision of all medical services; and
- (2) is a physician licensed to practice medicine in Indiana.

(f) The center may have a professional staff organization that has the oversight of clinical services.

(g) The chief executive officer may not be the same person as the medical services director.

(h) A center that is part of a general hospital may, in lieu of a separate governing board, have an advisory board. (*Division of Mental Health and Addiction; 440 IAC 4.1-2-2; filed Jan 18, 1995, 10:50 a.m.: 18 IR 1472; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Jun 28, 2001, 4:24 p.m.: 24 IR 3643*)

440 IAC 4.1-2-3 Temporary certification (Repealed)

Sec. 3. (*Repealed by Division of Mental Health and Addiction; filed Jun 28, 2001, 4:24 p.m.: 24 IR 3647*)

440 IAC 4.1-2-4 Regular certification

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-29-2-1

Affected: IC 12-7-2-40.6; IC 12-22-2-3; 42 U.S.C. 300x

Sec. 4. (a) An applicant for certification as a community mental health center shall file an application with the division.

(b) The application shall contain the following:

- (1) A description of the organizational structure and mission of the applicant.
- (2) The location of all operational sites of the applicant and proof of compliance with required health, fire, and safety codes as prescribed by federal and state law.
- (3) List of governing board members and executive staff.
- (4) Proof of general liability insurance coverage in the minimum amount of five hundred thousand dollars (\$500,000) for bodily injury and property damage.
- (5) A copy of the applicant's procedures to ensure protection of client rights and confidentiality.
- (6) If the center is not operated by a unit of government, the applicant shall submit a copy of the most recent financial audit, including a balance sheet of assets and liabilities of the applicant, which shall be prepared by an independent certified public accountant.
- (7) If the center is operated by a unit of government, the applicant shall submit either:

DIVISION OF MENTAL HEALTH AND ADDICTION

- (A) a copy of the most recent financial audit, including a balance sheet of assets and liabilities of the applicant, which shall be prepared by an independent certified public accountant; or
- (B) a copy of the most recent state board of accounts audit report regarding the center.
- (8) The history of mental health services provided by the applicant and the geographic area the applicant has served.
- (9) A budget detailing all sources of revenue and expenses.
- (10) Proof of the applicant's current federal tax exempt status.
- (c) The applicant shall have the following staff:
 - (1) At least ten percent (10%) of the applicant's direct care staff full-time equivalents shall be some combination of the following:
 - (A) Licensed clinical social workers.
 - (B) Licensed mental health counselors.
 - (C) Licensed marriage and family therapists.
 - (D) Clinical nurse specialists.
 - (E) Licensed psychologists, including individuals licensed as health service providers in psychology.
 - (F) Psychiatrists licensed to practice in the state of Indiana.
 - (2) Five percent (5%) of the applicant's direct care staff that qualify under subdivision (1) or the equivalent of fifty percent (50%) of a full-time position, whichever is greater, shall be psychiatrists.
 - (d) At the time of application, the applicant must provide the following services directly within the limits of the capacity of the center to any individual residing or employed in the applicant's service area, regardless of ability to pay for such services:
 - (1) Services for seriously mentally ill adults and seriously emotionally disturbed children and adolescents as follows:
 - (A) Case management.
 - (B) Crisis intervention.
 - (C) Outpatient services (including specialized outpatient services for children, the elderly, individuals with a serious mental illness, and residents of the service area who have been discharged from inpatient treatment).
 - (D) Day treatment or partial hospitalization.
 - (E) Individualized treatment planning.
 - (F) Family support services.
 - (G) Medication evaluation and monitoring.
 - (H) Services to prevent unnecessary and inappropriate treatment and hospitalization.
 - (I) Consultation/education services to the communities within the service area.
 - (2) Services for individuals who abuse alcohol and other drugs as follows:
 - (A) Crisis intervention.
 - (B) Consultation/education services to the communities within the service area.
 - (e) The following services must be available, but may be provided directly by the applicant or by contract with another entity:
 - (1) For seriously mentally ill adult population, the following:
 - (A) Inpatient care.
 - (B) Acute stabilization.
 - (C) Residential services, in compliance with rules promulgated to implement IC 12-22-2-3.
 - (2) For seriously emotionally disturbed children and adolescents, the following:
 - (A) Inpatient care.
 - (B) Acute stabilization.
 - (3) For individuals who abuse alcohol and other drugs, the following:
 - (A) Inpatient care.
 - (B) Acute stabilization, including detoxification services.
 - (C) Residential services, in compliance with rules promulgated to implement IC 12-22-2-3.
 - (D) Day treatment or partial hospitalization.
 - (E) Outpatient services.
 - (F) Case management services.
 - (f) At the time of application, the applicant shall be providing and have accreditation for all of the services that are required to be provided directly for each of the following populations:

- (1) seriously emotionally disturbed children and adolescents;
- (2) seriously mentally ill adults; and
- (3) individuals who abuse alcohol and other drugs;

and all other services in the continuum of care that the center is providing directly.

(g) The applicant's accreditation must be by an accrediting agency approved by the division.

(h) The applicant must forward to the division proof of accreditation in all services provided by the applicant, site survey recommendations from the accrediting agency, and the applicant's responses to the site survey recommendations.

(i) The division may require the applicant to correct any deficiencies described in the site survey.

(j) The division shall issue regular certification as a community mental health center to the applicant after the division has determined that the applicant meets all criteria for a community mental health center set forth in federal and state law and in this article, including the assignment of an exclusive geographic primary service area under 440 IAC 4.1-3.

(k) The certification shall expire ninety (90) days after the expiration of the center's accreditation from the accrediting agency designated by the center as its official accrediting agency.

(l) If an applicant is denied certification, a new application for certification may not be submitted until twelve (12) months have passed. (*Division of Mental Health and Addiction; 440 IAC 4.1-2-4; filed Jan 18, 1995, 10:50 a.m.: 18 IR 1473; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Jun 28, 2001, 4:24 p.m.: 24 IR 3644; filed Apr 3, 2003, 11:10 a.m.: 26 IR 2617, eff Jul 1, 2003*)

440 IAC 4.1-2-5 Maintenance of certification

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-27-1-4; IC 12-29-2-1

Affected: IC 12-29-2-1

Sec. 5. Maintenance of certification is dependent upon the following:

(1) The center shall maintain accreditation from an approved accrediting agency. The division shall annually provide all centers with a list of accrediting agencies approved by the division.

(2) The center shall demonstrate the administrative and financial capacity to continue successful operations as a viable entity, including the following:

(A) The center shall purchase and maintain general liability insurance in the minimum amount of five hundred thousand dollars (\$500,000) for bodily injury and property damage.

(B) An audit of the financial operations of the center shall be performed annually by an independent certified public accountant. The audit, including the management letter, shall be forwarded to the division within six (6) months of the end of the entity's fiscal year.

(3) The center shall have written policies and enforce these policies to support and protect the fundamental human, civil, constitutional, and statutory rights of each client. The center shall give a written statement of rights to each client, and, in addition, the center shall document that center staff provides an oral explanation of these rights to each client.

(4) The center shall maintain compliance with required health, fire, and safety codes as prescribed by federal, state, and local law.

(5) The center shall serve the population groups listed at 440 IAC 4-3-1.

(6) The center shall continue to meet all staff and service requirements set forth at section 4 of this rule.

(7) The center shall comply with federal and state law regarding community mental health centers.

(*Division of Mental Health and Addiction; 440 IAC 4.1-2-5; filed Jan 18, 1995, 10:50 a.m.: 18 IR 1473; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Jun 28, 2001, 4:24 p.m.: 24 IR 3646; filed Apr 3, 2003, 11:10 a.m.: 26 IR 2618, eff Jul 1, 2003*)

440 IAC 4.1-2-6 Notification of changes

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-27-1-4; IC 12-29-2-1

Affected: IC 12-27

Sec. 6. A center must notify the division, in writing, of any of the following within thirty (30) days after the occurrence:

(1) Change in the location of the center's operational site.

(2) Change in the president or treasurer of the governing board.

- (3) Change in the chief executive officer of the center.
- (4) Substantial change in the primary program focus.
- (5) The date of the accreditation survey and the name of the accrediting agency to provide accreditation.
- (6) Change in the accreditation status of the center.
- (7) The initiation of bankruptcy proceedings.
- (8) Adverse action against the entity as the result of the violation of health, fire, or safety codes as prescribed by federal, state, or local law.
- (9) Documented violation of the rights of an individual being treated for mental illness under IC 12-27.

(Division of Mental Health and Addiction; 440 IAC 4.1-2-6; filed Jan 18, 1995, 10:50 a.m.: 18 IR 1473; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Jun 28, 2001, 4:24 p.m.: 24 IR 3646)

440 IAC 4.1-2-7 Renewal of certification (Repealed)

Sec. 7. (Repealed by Division of Mental Health and Addiction; filed Jun 28, 2001, 4:24 p.m.: 24 IR 3647)

440 IAC 4.1-2-7.5 Conditional certification

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-29-2-1

Affected: IC 12-29-2-1

Sec. 7.5. (a) The division shall change the certification status of a community mental health center to that of conditional certification if the division determines that the center has not met the requirements in this article or has not met the requirements of a contract with the division.

(b) Within a conditional certification period, the division may:

- (1) grant an extension of the conditional certification or certifications;
- (2) reinstate the regular certification of the center if the division requirements are met within the imposed deadline; or
- (3) terminate the entity's certification as a community mental health center if the division requirements are not met within the imposed deadline.

(c) The division shall notify the chief executive officer of the center of the change in certification status in writing. The notice shall include the following:

- (1) The standards not met and the actions the center must take to meet those standards.
- (2) The amount of time granted the center to meet the required standard.
- (3) Actions to be taken by the center during the time period of the extension.

(d) The division has the discretion to determine the time period and frequency of a conditional certification; however, a conditional certification plus any extensions may not exceed twelve (12) months.

(e) Extension requirements shall include the following:

- (1) If the division grants an extension of a conditional certification, the division shall notify the center in writing.
- (2) The notice shall include the following:

- (A) The time period of the extension.
- (B) The standards not met and the actions the center must take to meet those standards.
- (C) Actions to be taken by the center during the time period of the extension.

(f) If the center does not attain the improvements required by the division within the period of time required, the center's certification shall be terminated. *(Division of Mental Health and Addiction; 440 IAC 4.1-2-7.5; filed Jun 28, 2001, 4:24 p.m.: 24 IR 3646)*

440 IAC 4.1-2-8 Immediate termination of certification

Authority: IC 12-8-8-4; IC 12-29-2-1

Affected: IC 12-29-2-1

Sec. 8. The division may immediately terminate the certification of a community mental health center if the center's accreditation is revoked. *(Division of Mental Health and Addiction; 440 IAC 4.1-2-8; filed Jan 18, 1995, 10:50 a.m.: 18 IR 1474;*

readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)

440 IAC 4.1-2-9 Termination of certification

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-29-2-1

Affected: IC 12-29-2-1

Sec. 9. (a) The division may terminate certification issued under this article upon the division's investigation and determination of the following:

- (1) A substantive change in the operation of the center which, under the standards for accreditation, would cause the accrediting agency to revoke the accreditation.
- (2) Failure of the center to regain accreditation within ninety (90) days following expiration of the center's current accreditation by the center's accrediting agency.
- (3) Failure to comply with this article.
- (4) Failure to forward the annual audit and management letter required by this article to the division.
- (5) That the physical safety of the clients or staff of the center is compromised by a physical or sanitary condition of the center or of a physical facility of a center.
- (6) The annual audit or other financial or legal information indicates evidence of fiscal mismanagement or the failure to maintain financial viability.
- (7) Violation of a federal, state, or local statute, ordinance, rule, or regulation in the course of the operation of the center that endangers the health, safety, or continuity of services to consumers.

(b) If the division terminates an entity's certification as a community mental health center, the entity may not reapply to become a community mental health center until a lapse of twelve (12) months from the date of termination. *(Division of Mental Health and Addiction; 440 IAC 4.1-2-9; filed Jan 18, 1995, 10:50 a.m.: 18 IR 1474; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Jun 28, 2001, 4:24 p.m.: 24 IR 3647; filed Apr 3, 2003, 11:10 a.m.: 26 IR 2618, eff Jul 1, 2003)*

440 IAC 4.1-2-10 Contract payments

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-29-2-1

Affected: IC 12-29-2-1

Sec. 10. (a) Upon termination of a center's certification, the division shall suspend payment of contracts between the division and the center in whole or in part.

(b) The division may exercise all rights and claims available by contractual agreement or by federal or state law.

(c) The division shall notify the Indiana department of administration that the center's certification has been terminated. *(Division of Mental Health and Addiction; 440 IAC 4.1-2-10; filed Jan 18, 1995, 10:50 a.m.: 18 IR 1474; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Jun 28, 2001, 4:24 p.m.: 24 IR 3647)*

440 IAC 4.1-2-11 Transfer of certification

Authority: IC 12-8-8-4; IC 12-29-2-1

Affected: IC 12-29-2-1

Sec. 11. A center may not transfer its certification to another legal entity. *(Division of Mental Health and Addiction; 440 IAC 4.1-2-11; filed Jan 18, 1995, 10:50 a.m.: 18 IR 1474; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)*

440 IAC 4.1-2-12 Appeal rights

Authority: IC 12-21-2-3; IC 12-29-2-1

Affected: IC 4-21.5-3; IC 12-29-2-1

Sec. 12. A center 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 4.1-2-12; filed Jun 28, 2001, 4:24 p.m.: 24 IR 3647)*

Rule 3. Exclusive Geographic Primary Service Areas

440 IAC 4.1-3-1 Community mental health center; exclusive geographic primary service areas

Authority: IC 12-21-2-3; IC 12-29-2-1

Affected: IC 12-29-2-1

Sec. 1. (a) Each community mental health center (CMHC) shall have a mutually exclusive geographic primary service area for purposes of IC 12-29-2, designated by the division of mental health and addiction.

(b) The exclusive geographic primary service areas, taken together, shall cover the entire state of Indiana.

(c) The director of the division of mental health and addiction shall issue a list of the official exclusive geographic primary service areas assigned to each CMHC, pursuant to P.L. 79-2002, SECTION 6. This list shall be updated whenever there is a change pursuant to this rule.

(d) The director of the division of mental health and addiction shall not reassign any exclusive geographic primary service area unless one (1) of the following occurs:

(1) An order has been issued by a hearing officer under this rule.

(2) A request for a change in the exclusive geographic primary service area has been made, and the CMHCs and counties that would be affected by the change concur with the change in writing.

(3) An existing CMHC, which has an exclusive geographic primary service area, is denied certification or is terminated under this article.

(Division of Mental Health and Addiction; 440 IAC 4.1-3-1; filed Apr 3, 2003, 11:10 a.m.: 26 IR 2619, eff Jul 1, 2003)

440 IAC 4.1-3-2 Obligations of each community mental health center regarding the exclusive geographic primary service area

Authority: IC 12-21-2-3; IC 12-29-2-1

Affected: IC 12-26-6-8; IC 12-26-7-3

Sec. 2. (a) Each community mental health center (CMHC) is obligated to provide accessible services for all individuals, within the limits of its capacity, in its exclusive geographic primary service area.

(b) Except for consumers who are enrolled by another CMHC or managed care provider, the CMHC is obligated to provide commitment screening to a state institution administered by the division of mental health and addiction for any individual residing in the CMHC's exclusive geographic primary service area who presents for screening services or is referred for screening services.

(c) Commitment screening to a state institution administered by the division of mental health and addiction shall be done by the CMHC that enrolled them, or by the CMHC with which the managed care provider that enrolled the person has a screening contract.

(d) Notwithstanding subsection (b), the designation of an exclusive geographic primary service area may not limit an eligible consumer's right to choose or access the treatment services of any provider who is certified by the division of mental health and addiction to provide publicly supported mental health services. *(Division of Mental Health and Addiction; 440 IAC 4.1-3-2; filed Apr 3, 2003, 11:10 a.m.: 26 IR 2619, eff Jul 1, 2003)*

440 IAC 4.1-3-3 County complaints regarding a community mental health center

Authority: IC 12-21-2-3; IC 12-29-2-1; IC 12-29-2-16

Affected: IC 12-7-2-40.6

Sec. 3. (a) If the county commissioners have a concern about the community mental health center (CMHC) that is assigned to their county as part of its exclusive geographic primary service area, the county commissioners shall first take their complaint to the CMHC.

(b) If the concern cannot be resolved, the county commissioners may make a complaint to the director of the division of mental health and addiction. The director of the division of mental health and addiction shall mediate the disagreement between the CMHC and the county. The CMHC and the county have ninety (90) days to resolve their differences.

(c) If the CMHC and the county have not resolved their differences within ninety (90) days, the county commissioners may

file a request with the director of the division of mental health and addiction to have another CMHC assigned to their county as a part of the CMHC's exclusive geographic primary service area. (*Division of Mental Health and Addiction; 440 IAC 4.1-3-3; filed Apr 3, 2003, 11:10 a.m.: 26 IR 2620, eff Jul 1, 2003*)

440 IAC 4.1-3-4 Changes of the exclusive geographic primary service areas

Authority: IC 12-21-2-3; IC 12-29-2-1; IC 12-29-2-16

Affected: IC 4-21.5-3; IC 12-7-2-40.6

Sec. 4. (a) To change an exclusive geographic primary service area, a request to change an exclusive geographic primary service area must be made by the county commissioners or by a community mental health center (CMHC) to the director of the division of mental health and addiction.

(b) A CMHC may not request to be divested of the responsibility of a county that it has been assigned as a part of its exclusive geographic primary service area.

(c) A CMHC that is under a conditional certification status from the division of mental health and addiction or under a conditional accreditation status is not eligible to add territory in a change of an exclusive geographic primary service area.

(d) The notice of a request shall be made at least eighteen (18) months prior to the requested effective date of the change.

(e) Except in emergencies, as determined by the director, changes in the exclusive geographic primary service areas for purposes of IC 12-29 shall take effect on the next July 1.

(f) The director shall notify all regularly certified CMHCs when a request to change an exclusive geographic primary service area is received.

(g) A CMHC may concur with the change in writing.

(h) If the CMHCs affected by the request do not concur fully with the requested change, the director shall appoint a hearing officer under IC 4-21.5-3 to consider the evidence and issue an order regarding the requested change of an exclusive geographic primary service area.

(i) The hearing officer shall issue an order based on the following information regarding the CMHCs serving the contested area:

(1) An unduplicated count of consumers served in the contested area, as reported to the division of mental health and addiction on the consumer service data system during the current and the average of two (2) previous fiscal years.

(2) The availability of accessible services and the past delivery of those services to residents of the contested area.

(3) The completeness of the continuum of care, defined at IC 12-7-2-40.6, available in the contested area.

(4) The geographic accessibility of services.

(5) Information from and preferences of local community advocates and officials.

(6) The accreditation status of the centers.

(7) The certification status of the centers.

(8) Reports that are required by IC 12-29-2-16.

(9) Any other relevant information.

(j) The hearing officer shall consider all of the above in the order regarding the county or portion of a county awarded to each center. (*Division of Mental Health and Addiction; 440 IAC 4.1-3-4; filed Apr 3, 2003, 11:10 a.m.: 26 IR 2620, eff Jul 1, 2003*)

440 IAC 4.1-3-5 Redesignation of the exclusive geographic primary service area

Authority: IC 12-21-2-3; IC 12-29-2-1

Affected: IC 12-29-2-1

Sec. 5. (a) When an existing community mental health center (CMHC), which has an exclusive geographic primary service area, is denied certification or is terminated under this article, the director shall redesignate that exclusive geographic primary service area to another or to multiple CMHCs.

(b) If there is a new CMHC applicant that has completed all of the requirements for certification except being assigned an exclusive geographic primary service area, that new CMHC applicant may be assigned the exclusive geographic primary service area.

(c) Changes in the exclusive geographic primary service areas for purposes of this section shall take effect as soon as the

designation is made.

(d) The director shall notify all counties in the exclusive geographic primary service area and all regularly certified CMHCs when an existing CMHC is denied certification or is terminated. (*Division of Mental Health and Addiction; 440 IAC 4.1-3-5; filed Apr 3, 2003, 11:10 a.m.: 26 IR 2620, eff Jul 1, 2003*)

440 IAC 4.1-3-6 Designation of a new community mental health center

Authority: IC 12-21-2-3; IC 12-29-2-1

Affected: IC 12-29-2-1

Sec. 6. (a) A new community mental health center (CMHC) is not automatically entitled to be assigned an exclusive geographic primary service area.

(b) No CMHC applicant may be certified as a CMHC if it cannot be assigned an exclusive geographic primary service area. (*Division of Mental Health and Addiction; 440 IAC 4.1-3-6; filed Apr 3, 2003, 11:10 a.m.: 26 IR 2621, eff Jul 1, 2003*)

440 IAC 4.1-3-7 County request that it be assigned to a new community mental health center

Authority: IC 12-21-2-3; IC 12-29-2-1

Affected: IC 4-21.5-3; IC 12-7-2-40.6

Sec. 7. (a) A county may request that their county or a portion of their county containing at least seventy-five thousand (75,000) people be assigned to the new community mental health center (CMHC).

(b) Changes in the exclusive geographic primary service areas for purposes of this section shall take effect on the next July 1.

(c) The director shall notify all regularly certified CMHCs when a request to change an exclusive geographic primary service area is received.

(d) An existing CMHC may concur with the change in writing.

(e) If the CMHCs affected by the request do not concur fully with the requested change, the director shall appoint a hearing officer under IC 4-21.5-3 to consider the evidence and issue an order regarding the requested change of an exclusive geographic primary service area.

(f) The hearing officer shall issue an order based on the following information regarding the CMHCs serving the contested area:

(1) An unduplicated count of consumers served in the contested area, as reported to the division of mental health and addiction on the consumer service data system during the current and the average of two (2) previous fiscal years.

(2) The availability of accessible services and the past delivery of those services to residents of the contested area.

(3) The completeness of the continuum of care, defined at IC 12-7-2-40.6, available in the contested area.

(4) The geographic accessibility of services.

(5) Information from and preferences of local community advocates and officials.

(6) The accreditation status of the centers.

(g) The hearing officer shall consider all of the above in the order regarding the county or portion of a county awarded to each center. (*Division of Mental Health and Addiction; 440 IAC 4.1-3-7; filed Apr 3, 2003, 11:10 a.m.: 26 IR 2621, eff Jul 1, 2003*)

440 IAC 4.1-3-8 Appeal rights

Authority: IC 12-21-2-3; IC 12-29-2-1

Affected: IC 4-21.5-5

Sec. 8. A community mental health center (CMHC) that is aggrieved by any adverse action taken under this rule may appeal the action under IC 4-21.5-5. (*Division of Mental Health and Addiction; 440 IAC 4.1-3-8; filed Apr 3, 2003, 11:10 a.m.: 26 IR 2621, eff Jul 1, 2003*)

ARTICLE 4.3. MANAGED CARE PROVIDER CERTIFICATION

Rule 1. Definitions

440 IAC 4.3-1-1 Definitions

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-21-2-7; IC 23-17; 42 U.S.C. 300x-2(c)

Sec. 1. The following definitions apply throughout this article:

- (1) "Accreditation" means that an accrediting agency has determined that the entity has met the requirements of the accrediting agency.
- (2) "Accrediting agency" means an organization, included on a list of accrediting organizations approved by the division, that:
 - (A) has developed standards for agencies providing behavioral health care or agencies that arrange to provide behavioral health care through a network or integrated delivery system; and
 - (B) evaluates compliance with the established standards on a regularly scheduled basis.
- (3) "Addiction services" means a structured program designed for the treatment, care, or rehabilitation of individuals who abuse alcohol or drugs.
- (4) "Alcohol abuse" means repeated episodes of intoxication or drinking that impair the individual's health or interfere with the individual's effectiveness on the job, at home, in the community, or in operating a motor vehicle.
- (5) "Certification" means the process used by the division to document a provider's compliance with the statutory and regulatory requirements for contracting with the division as a managed care provider, including issuance of a certificate if the provider is found to comply with the applicable requirements in this article.
- (6) "Community mental health center" or "CMHC" means a mental health facility that the division has certified as fulfilling the statutory and regulatory requirements to be a community mental health center.
- (7) "Consumer" means an individual who has received or is receiving mental health or addiction services.
- (8) "Continuum of care" means a range of services the provision of which is assured by a managed care provider. The term includes the following:
 - (A) Individualized treatment planning to increase patient coping skills and symptom management, which may include any combination of services listed in this subdivision.
 - (B) Twenty-four (24) hour a day crisis intervention.
 - (C) Case management to fulfill individual patient needs, including assertive case management when indicated.
 - (D) Outpatient services, including the following:
 - (i) Intensive outpatient services.
 - (ii) Substance abuse services.
 - (iii) Counseling and treatment.
 - (E) Acute stabilization services, including detoxification services.
 - (F) Residential services.
 - (G) Day treatment.
 - (H) Family support services.
 - (I) Medication evaluation and monitoring.
 - (J) Services to prevent unnecessary and inappropriate treatment and hospitalization and the deprivation of a person's liberty.
- (9) "Division" means the division of mental health.
- (10) "Drug abuse" means the development of a psychological or physical dependence on the effect of drugs or harmful substances so that the individual or society is harmed or endangered.
- (11) "Managed care provider" means an organization:
 - (A) that:
 - (i) for mental health services, is defined under 42 U.S.C. 300x-2(c); or
 - (ii) provides addiction services;
 - (B) that has entered into a provider agreement with the division under IC 12-21-2-7 to provide a continuum of care in the least restrictive, most appropriate setting; and
 - (C) that is operated by at least one (1) of the following:

- (i) A city, town, county, or other political subdivision of Indiana.
- (ii) An agency of Indiana or of the United States.
- (iii) A political subdivision of another state.
- (iv) A hospital owned or operated by:
 - (AA) a unit of government; or
 - (BB) a building authority that is organized for the purpose of constructing facilities to be leased to units of government.
- (v) A corporation incorporated under IC 23-7-1.1 (before its repeal August 1, 1991) or IC 23-17.
- (vi) A nonprofit corporation incorporated in another state.
- (vii) A university or college.

(12) "Provider agreement" means a properly executed contract to provide services.

(13) "Subcontract" means any contract established between:

- (A) the managed care provider and another entity; or
- (B) a subcontractor and another entity;

to provide financial services, administrative services, or one (1) or more services as a part of the continuum of care.

(Division of Mental Health and Addiction; 440 IAC 4.3-1-1; filed Oct 11, 1996, 2:00 p.m.: 20 IR 753; errata, 20 IR 959; filed Mar 13, 2000, 7:44 a.m.: 23 IR 1985; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)

Rule 2. Certification of Managed Care Providers

440 IAC 4.3-2-1 Certification by the division

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-21-2-8

Sec. 1. (a) The division shall certify all managed care providers funded by the division.

(b) The certification of managed care providers shall coincide with the state fiscal year.

(c) When an entity has demonstrated compliance with all applicable laws and regulations, including the specific criteria established by the division, the entity is eligible to contract as a managed care provider with the division for the specific population approved.

(d) When a contract from the division has been issued, a document certifying the entity as a managed care provider shall be issued by the division.

(e) The document certifying the entity as a managed care provider must be posted in a conspicuous place open to consumers and the public.

(f) A managed care provider may not transfer its certification to another entity. *(Division of Mental Health and Addiction; 440 IAC 4.3-2-1; filed Oct 11, 1996, 2:00 p.m.: 20 IR 754; filed Mar 13, 2000, 7:44 a.m.: 23 IR 1986; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)*

440 IAC 4.3-2-2 Types or steps of certification (Repealed)

Sec. 2. *(Repealed by Division of Mental Health and Addiction; filed Mar 13, 2000, 7:44 a.m.: 23 IR 1992)*

440 IAC 4.3-2-3 Requirements for regular certification

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2-40.6; IC 12-27

Sec. 3. (a) Regular certification is on a three (3) year cycle, commencing with the certification that is effective July 1, 2000, including the following:

(1) Regular certification is granted for one (1) year and may be renewed for two (2) additional one-year periods.

(2) An entity that becomes regularly certified after the first year of the cycle shall be certified for one (1) year and may be renewed for one (1) additional year.

DIVISION OF MENTAL HEALTH AND ADDICTION

- (3) An entity that becomes regularly certified after the second year of the cycle shall be certified for one (1) year.
- (b) To be certified and retain certification as a managed care provider, the provider must do the following:
 - (1) For the services in the continuum of care provided by the entity, maintain accreditation from an approved accrediting agency as follows:
 - (A) A managed care provider who primarily provides centralized administrative services must be accredited as a network for behavioral care services.
 - (B) A managed care provider who primarily provides direct care services shall be accredited either as a network for behavioral care services or as a provider of behavioral care services.
 - (2) Require all subcontractors to have written policies and enforce these policies to support and protect the fundamental human, civil, constitutional, and statutory rights of each consumer. Each managed care provider, including its subcontractors, shall do the following:
 - (A) Give a written statement of rights under IC 12-27 to each consumer. The statement shall include the toll free consumer service line number and the telephone number for Indiana protection and advocacy.
 - (B) Document that staff provides both a written and an oral explanation of these rights to each consumer.
 - (3) Require all subcontractors to maintain compliance with health, fire, and safety codes as prescribed by federal and state law.
 - (4) Provide, either directly or through subcontracting with another entity, the continuum of care, as defined in IC 12-7-2-40.6, for the populations to be served under the certification.
 - (5) Demonstrate the administrative and financial capacity to continue successful operations as a viable entity, including the following:
 - (A) An audit of the financial operations of the managed care provider shall be performed annually by an independent certified public accountant. The audit, including the management letter, shall be forwarded to the division within six (6) months of the end of the entity's fiscal year.
 - (B) The managed care provider shall purchase and maintain general liability insurance in the minimum amount of five hundred thousand dollars (\$500,000) for bodily injury and property damage.
 - (6) Comply with the policies and procedures of the division in enrolling consumers eligible for financial support by the state.
 - (7) Meet the requirements of the managed care provider contract with the division.
- (c) A certified managed care provider must do the following:
 - (1) Provide information to the division regarding the following:
 - (A) The number and characteristics of consumers served.
 - (B) Services provided.
 - (C) Financial information associated with the provision of these services.
 - (2) Participate in and meet the requirements of the division's quality assurance program.
 - (3) Provide information related to services or the operation of the organization as required by the division.
 - (4) Submit the accreditation report within fifteen (15) days of its receipt from the accrediting agency.
 - (d) A managed care provider must notify the division, in writing, of any of the following within thirty (30) days after the occurrence:
 - (1) Change in location of an operational site.
 - (2) The date of the accreditation survey and the name of the accrediting agency to provide accreditation.
 - (3) Change in the accreditation status.
 - (4) The initiation of bankruptcy proceedings.
 - (5) Adverse action against the entity as the result of the violation of health, fire, or safety codes as prescribed by federal, state, and local law.
 - (6) Documented violation of the rights of an individual being treated for mental illness under IC 12-27.
 - (7) Change in the entities with which the managed care provider or its subcontractors contract.
 - (8) Change in the services provided by the managed care provider or its subcontractors.
 - (e) The division reserves the right to require a managed care provider to apply for recertification when there is a substantive change in the operation of the managed care provider.
 - (f) The division shall maintain and provide all managed care providers with a list of approved accrediting agencies annually. (*Division of Mental Health and Addiction; 440 IAC 4.3-2-3; filed Oct 11, 1996, 2:00 p.m.; 20 IR 754; filed Mar 13, 2000, 7:44 a.m.:*

23 IR 1986; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)

440 IAC 4.3-2-4 Application

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2-40.6

Sec. 4. (a) The division shall establish and publish annually the schedule setting out when applications will be accepted by the division for managed care providers to serve specific populations.

(b) Any organization applying for certification as a managed care provider shall file an application with the division on a form required by the division.

(c) The application submitted by the applicant must contain the following:

- (1) Evidence of the entity's federal and state nonprofit status.
 - (2) A copy of the applicant's articles of incorporation and all amendments.
 - (3) A copy of all bylaws regulating the conduct of the internal affairs of the applicant.
 - (4) A copy of the financial plan of the applicant, including the following:
 - (A) A projection of anticipated operating results for at least three (3) years.
 - (B) A statement of the sources of working capital and any other sources of funding and provisions for contingencies.
 - (5) Identification of the populations the applicant intends to serve.
 - (6) A description of the organizational structure of the applicant.
 - (7) The location of all operational sites of the applicant.
 - (8) Proof of current accreditation by an approved accrediting agency.
 - (9) A list of governing board members and executive staff.
 - (10) A statement of understanding from the board president and chief executive officer that these rules have been read and understood.
 - (11) Proof of general liability insurance coverage as required in this article.
 - (12) A copy of the applicant's criteria and performance expectations for quality assurance of the applicant and for monitoring its subcontractors regarding consumer rights and confidentiality.
 - (13) A copy of the most recent financial audit, including a balance sheet of assets and liabilities of the applicant, which shall be prepared by an independent certified accountant.
 - (14) A copy of the applicant's contracts with other agencies that demonstrate the applicant's ability to provide, either directly or through subcontracting, the continuum of care as defined in IC 12-7-2-40.6.
 - (15) A copy of the applicant's procedures for addressing complaints made by consumers, or their representatives, regarding the applicant agency or the applicant's subcontractors.
 - (16) A copy of the applicant's procedures to monitor its subcontractors regarding all contract issues, including the following:
 - (A) Quality assessment and utilization review.
 - (B) Screening and eligibility of the consumers.
 - (C) The assurance of the integration of all parts of the continuum of care into each individual's treatment.
 - (17) Other materials as requested by the division to assist in the evaluation of the application.
- (d) The division shall:
- (1) complete the review of the application for certification as a managed care provider; and
 - (2) respond to the applicant;

within sixty (60) days.

(e) If the division determines that the application does not meet the requirements set forth in this rule, the division shall deny the application. The applicant may not reapply to become a managed care provider until the next scheduled application period. (*Division of Mental Health and Addiction; 440 IAC 4.3-2-4; filed Oct 11, 1996, 2:00 p.m.: 20 IR 755; errata, 20 IR 959; filed Mar 13, 2000, 7:44 a.m.: 23 IR 1987; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235*)

440 IAC 4.3-2-4.5 Temporary certification

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-21-2-8

Sec. 4.5. (a) This section is applicable to an organization that is not yet accredited.

(b) If an organization is not yet accredited by an approved accrediting agency at the time of the submission of the application, but the entity has applied to become accredited prior to the submittal of the application and meets the requirements set forth in section 3(b)(2) through 3(f) of this rule, the entity is eligible to contract with the division as a temporary managed care provider for the specific population approved.

(c) When a contract has been issued by the division, a document certifying the entity as a managed care provider with a temporary certification shall be issued by the division.

(d) The temporary certification as a managed care provider shall be valid for no longer than twelve (12) months.

(e) The division may renew the temporary certification for an additional twelve (12) months if the applicant meets minimum criteria for certification.

(f) Temporary certification shall not exceed a total of twenty-four (24) months.

(g) If temporary certification is denied, the organization may not reapply to be a certified managed care provider until the next scheduled application period.

(h) If an entity has not been accredited at the end of twenty-four (24) months from the initial issuance of temporary certification, the entity may not reapply to become a managed care provider until the next scheduled application period after the lapse of one (1) year from the end of the twenty-four (24) months. (*Division of Mental Health and Addiction; 440 IAC 4.3-2-4.5; filed Mar 13, 2000, 7:44 a.m.: 23 IR 1988; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235*)

440 IAC 4.3-2-5 Conversion of temporary certification to regular certification

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-21-2-8

Sec. 5. (a) To change from temporary certification to a regular certification, the entity must do the following:

(1) Submit a full application for regular certification to the division at the time scheduled for the division to accept applications.

(2) Submit proof of the status of the accreditation, including the following:

(A) Submit the site survey recommendations and responses.

(B) Submit all accreditation determination reports and recommendations in full.

(3) Submit to the division recommendations from the accrediting body and the applicant responses to those recommendations.

(4) Take any action deemed by the division to be necessary in response to the site survey issued by the accrediting agency prior to the expiration of a temporary certification.

(b) The division shall consider whether the entity has met the requirements of the managed care provider contract.

(c) The division shall determine whether the provider has met the requirements for the regular certification as a managed care provider as set forth in this rule.

(d) If the division determines that the provider has met the requirements for regular certification, the division shall find that the entity is eligible to contract with the division as a regular managed care provider.

(e) If regular certification is denied, the entity may not reapply to be a certified managed care provider until the next scheduled application period. (*Division of Mental Health and Addiction; 440 IAC 4.3-2-5; filed Oct 11, 1996, 2:00 p.m.: 20 IR 756; filed Mar 13, 2000, 7:44 a.m.: 23 IR 1989; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235*)

440 IAC 4.3-2-6 Recertification

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2-40.6

Sec. 6. (a) A managed care provider shall apply for recertification every three (3) years.

(b) To be recertified as a managed care provider, the provider shall file an application according to the schedule determined by the division and on a form prepared by the division.

(c) The application shall include the same information as is required at section 4(c) of this rule.

(d) The division may require the applicant to resolve any problems identified by the accrediting agency within the time period contained in the notification from the division.

(e) The division shall examine the performance of the managed care provider in meeting the requirements of the division's quality assurance program.

(f) The division shall consider whether the entity has met the requirements of the managed care provider contract.

(g) The entity is eligible to contract with the division as a managed care provider when:

(1) an application for recertification is deemed to meet the requirements in this rule;

(2) the division has determined that the managed care provider has met the requirements of the division's quality assurance program; and

(3) the managed care provider has taken any action required by the division, including action in response to the survey recommendations of the accrediting agency.

(h) When the division issues a contract, a document certifying the entity as a managed care provider with a regular certification shall be issued by the division.

(i) If an entity fails to apply for certification, or applies for certification and it is denied, the agency may not reapply until the next scheduled application period. (*Division of Mental Health and Addiction; 440 IAC 4.3-2-6; filed Oct 11, 1996, 2:00 p.m.: 20 IR 756; filed Mar 13, 2000, 7:44 a.m.: 23 IR 1989; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235*)

440 IAC 4.3-2-6.5 Renewal of regular certification

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2-127

Sec. 6.5. (a) Regular certification must be renewed pursuant to section 3 of this rule.

(b) To renew regular certification as a managed care provider, the provider shall file an application with the division according to the schedule determined by the division. The application shall be submitted on a form prescribed by the division.

(c) The renewal application shall include the following:

(1) A copy of the applicant's most recent financial audit and a balance sheet of assets and liabilities of the applicant, which shall be prepared by an independent certified public accountant.

(2) A copy of each new subcontract between the applicant and a subcontractor.

(3) Information demonstrating that the managed care provider is providing the full continuum of care.

(d) The entity is eligible for renewal as a managed care provider when:

(1) an application for renewal is deemed to meet the requirements in this rule by the division; and

(2) the entity has met the requirements of the managed care provider contract.

(e) If the renewal of the regular certification is denied, the entity may not reapply to be a managed care provider until the next scheduled application period. (*Division of Mental Health and Addiction; 440 IAC 4.3-2-6.5; filed Mar 13, 2000, 7:44 a.m.: 23 IR 1990; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235*)

440 IAC 4.3-2-7 Conditional certification

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-21-2-8; IC 12-21-5-1.5

Sec. 7. (a) The division shall, at any time during the fiscal year, change the certification status of a managed care provider to that of conditional certification if the division determines that the managed care provider has not met the requirements in this article or has not met the requirements of the managed care provider contract with the division.

(b) Within a conditional certification period, the division may:

(1) grant an extension of the conditional certification;

(2) reinstate the regular or temporary certification of the managed care provider if the division requirements are met timely;
or

(3) terminate the managed care provider certification if the division requirements are not met within the imposed deadline.

(c) The division may issue a conditional certification for one (1) or more specific populations served by the managed care provider.

(d) The division shall notify the chief executive officer of the managed care provider of the change in certification status in writing. The notice shall include the following:

- (1) The standards not met and the actions the provider must take to meet those standards.
- (2) Any intermediate steps required by the division toward meeting the standards.
- (3) The amount of time granted the managed care provider to meet the required standard.
- (e) The division has the discretion to determine the time period and frequency of a conditional certification; however, a conditional certification plus any extensions may not exceed twelve (12) months from the date that conditional certification was effective.
 - (f) Extension requirements are as follows:
 - (1) If the division grants an extension of a conditional certification, the division shall notify the managed care provider in writing.
 - (2) The notice shall include the following:
 - (A) The time period of the extension.
 - (B) The intermediate steps required by the division.
 - (g) If the provider does not attain the standard required by the division within the period of time required, the provider's certification shall be terminated. (*Division of Mental Health and Addiction; 440 IAC 4.3-2-7; filed Oct 11, 1996, 2:00 p.m.: 20 IR 757; filed Mar 13, 2000, 7:44 a.m.: 23 IR 1990; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235*)

440 IAC 4.3-2-8 Suspension of payments (Repealed)

Sec. 8. (*Repealed by Division of Mental Health and Addiction; filed Mar 13, 2000, 7:44 a.m.: 23 IR 1992*)

440 IAC 4.3-2-9 Termination of certification

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-21-2-8; IC 12-21-5-1.5

- Sec. 9. (a) The division may terminate the certification of a managed care provider immediately upon the occurrence of any of the following:
- (1) Revocation of the accreditation of the managed care provider by the provider's accrediting agency.
 - (2) Failure of the managed care provider to maintain accreditation.
 - (3) Failure of the managed care provider to meet the conditions of any conditional certification.
 - (4) Conduct or practice of the managed care provider or its subcontractors that is found by the division to be detrimental to the welfare of individuals served by the managed care provider.
 - (5) Fraudulent conduct or practice of the managed care provider or its subcontractors.
 - (6) The termination of the managed care provider's contract with the division.
 - (7) A change resulting in the entity's ineligibility to be a managed care provider.
- (b) If payments to the managed care provider under the contract are suspended, the managed care provider's regular certification must be converted to a conditional certification or terminated.
- (c) If the division terminates a portion of the contract addressing a specific population, the provider's certification for that population shall be terminated.
- (d) If a managed care provider's certification for a specific population is terminated, the portion of the contract addressing that population shall be terminated.
- (e) The division shall notify the Indiana family and social services administration, the Indiana state department of health, and the Indiana department of administration that the managed care provider's certification has been terminated.
- (f) An entity whose contract is terminated may not reapply to become a managed care provider until the next scheduled application period after the lapse of one (1) year from the date of termination.
- (g) If the division terminates a portion of an entity's contract addressing a specific population, the entity may not reapply to become a managed care provider for that population or for any population that the provider is not currently serving until the next scheduled application period after the lapse of one (1) year from the date of termination. (*Division of Mental Health and Addiction; 440 IAC 4.3-2-9; filed Oct 11, 1996, 2:00 p.m.: 20 IR 757; filed Mar 13, 2000, 7:44 a.m.: 23 IR 1991; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235*)

440 IAC 4.3-2-10 Community mental health centers (Repealed)

Sec. 10. *(Repealed by Division of Mental Health and Addiction; filed Mar 13, 2000, 7:44 a.m.: 23 IR 1992)*

440 IAC 4.3-2-11 Appeals

Authority: IC 12-8-8-4; IC 12-21-2-3; IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 4-21.5-3

Sec. 11. A party who is aggrieved by any adverse action taken under this rule may appeal under IC 4-21.5-3. *(Division of Mental Health and Addiction; 440 IAC 4.3-2-11; filed Mar 13, 2000, 7:44 a.m.: 23 IR 1992; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)*

ARTICLE 4.4. ADDICTION TREATMENT SERVICES PROVIDER CERTIFICATION

Rule 1. Definitions

440 IAC 4.4-1-1 Definitions

Authority: IC 12-8-8-4; IC 12-23-1-6

Affected: IC 12-7-2-11; IC 12-7-2-73

Sec. 1. The following definitions apply throughout this article:

- (1) "Accreditation" means an accrediting agency has granted approval to an entity to provide specific services after the entity has met specific requirements of the accrediting agency.
- (2) "Accrediting agency" means an agency, included on a list of accrediting agencies approved by the division, that:
 - (A) has developed clinical, financial, and organizational standards for the operation of a provider of addiction treatment services; and
 - (B) evaluates compliance with its established standards on a regularly scheduled basis.
- (3) "Addiction treatment services" means a broad range of planned and continuing care, treatment, and rehabilitation, including, but not limited to, counseling, psychological, medical, and social service care designed to influence the behavior of individual alcohol abusers or drug abusers, based on an individual treatment plan.
- (4) "Alcohol abuser" means an individual who has had repeated episodes of intoxication or drinking that impair the individual's health or interfere with the individual's effectiveness on the job, at home, in the community, or in operating a motor vehicle.
- (5) "Certification" means the process used by the division to document an organization's compliance with the statutory and regulatory requirements for operating as a provider of addiction treatment services, including the issuance of a certificate if the entity is found to comply with this article.
- (6) "Credentialing body" means an organization approved by the division that:
 - (A) has developed training, knowledge, and skills requirements for individuals who practice the treatment of addictions problems; and
 - (B) certifies that an individual meets those requirements.
- (7) "Direct services provider" means an individual, a contractor, employee, or volunteer who provides counseling, psychological, medical, or social services on behalf of a provider of addiction treatment services.
- (8) "Division" means the division of mental health and addiction.
- (9) "Drug abuser" means an individual who:
 - (A) has developed a psychological or physical dependence on the effect of drugs or harmful substances; or
 - (B) abuses the use of drugs or harmful substances;so that the individual or society is harmed or endangered.
- (10) "Entity" means any:
 - (A) individual;
 - (B) firm;

- (C) corporation;
- (D) partnership;
- (E) association;
- (F) foundation;
- (G) governmental unit; or
- (H) agency;

whether public or private.

(11) "Incidental service" means a minor service provided to an individual in conjunction with other nonaddiction primary services by an entity that does not hold itself out as an addiction treatment services provider.

(12) "Intensive outpatient services" means a milieu of treatment, with a combination of counseling and education activities consisting of sessions at least two (2) hours in length, occurring at least three (3) days per week for a minimum duration of four (4) weeks per consumer.

(13) "Opioid addiction treatment provider" means an entity that runs a program that furnishes a comprehensive range of assessment, rehabilitation, and treatment services using Levo-Alpha-Acetyl-Methaldol (LAAM), methadone, or other narcotic substances approved by the federal government, for the detoxification and maintenance of persons addicted to heroin or other opiate-like substances.

(14) "Outpatient services" means the provision of therapeutic activities, either to the individual or in a group/conjoint session, that are related to the outcomes described in the individual treatment plan.

(Division of Mental Health and Addiction; 440 IAC 4.4-1-1; filed Apr 17, 1997, 10:00 a.m.: 20 IR 2400; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Feb 11, 2002, 4:30 p.m.: 25 IR 2220)

Rule 2. Certification of Addiction Service Providers

440 IAC 4.4-2-1 Certification by the division

Authority: IC 12-8-8-4; IC 12-23-1-6

Affected: IC 12-23-14

Sec. 1. (a) Every provider of addiction treatment services in Indiana must have either regular certification or outpatient certification issued by the division to provide addiction treatment services.

(b) This rule does not apply to the following:

- (1) Addiction treatment services programs operated by the federal government.
- (2) Prevention, education, or intervention services.
- (3) Voluntary self-help groups.
- (4) Any entity that provides addiction treatment services to alcohol abusers or drug abusers only as an incidental service.
- (5) Programs run by the Indiana department of correction.
- (6) Programs run in child caring institutions licensed by the division of family and children.

(c) An addiction treatment services provider who offers twenty-four (24) hour care must have one (1) of the following:

- (1) Regular certification under this article.
- (2) Residential care provider certification under 440 IAC 6 and outpatient certification under this article.
- (d) An entity with a regular certification under this article is deemed a certified residential care provider under 440 IAC 6.

(e) In addition to regular certification, a provider must have specific approval by the division to be a opioid *[sic., opioid]* treatment provider. The provider must comply with 21 CFR 291, 42 CFR 8, and all other applicable federal laws, regulations, and guidelines.

(f) Detoxification services must be provided under the supervision of:

- (1) a physician; or
- (2) clinical nurse specialist;

licensed to practice in Indiana.

(g) An entity that has applied for certification or has been certified as an addiction treatment services provider must provide information related to services or the operation of the organization as required by the division.

(h) The division shall provide annually a list of approved accrediting agencies and a list of approved credentialing bodies.

(i) A copy of the most recent certification issued by the division must be available to the public upon request. (*Division of Mental Health and Addiction; 440 IAC 4.4-2-1; filed Apr 17, 1997, 10:00 a.m.: 20 IR 2401; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Feb 11, 2002, 4:30 p.m.: 25 IR 2221*)

440 IAC 4.4-2-2 Requirements for certification

Authority: IC 12-8-8-4; IC 12-23-1-6

Affected: IC 12-27

Sec. 2. Before commencing services, an entity must be certified for regular certification or outpatient certification. The entity shall file an application with the division. The application shall contain the following:

- (1) The legal name of the applicant.
- (2) A description of the organizational structure and mission statement of the applicant, including the services to be provided and the populations to be served.
- (3) The location of all operational sites of the applicant.
- (4) A copy of the applicant's procedures to ensure protection of consumer rights under IC 12-27 and confidentiality under 42 CFR 2.
- (5) All materials requested by the division.

(*Division of Mental Health and Addiction; 440 IAC 4.4-2-2; filed Apr 17, 1997, 10:00 a.m.: 20 IR 2401; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Feb 11, 2002, 4:30 p.m.: 25 IR 2221*)

440 IAC 4.4-2-3 Regular certification

Authority: IC 12-8-8-4; IC 12-23-1-6

Affected: IC 12-23-1-6

Sec. 3. (a) To be certified and to maintain regular certification as an addiction treatment services provider, the entity must maintain accreditation from an accrediting agency approved by the division.

(b) The application for regular certification as an addiction treatment services provider must include the following:

- (1) Proof of accreditation.
- (2) Site survey recommendations from the accrediting agency.
- (3) The applicant's responses to the site survey recommendations.
- (c) The provider must take any action deemed to be necessary by the division in response to the site survey issued by the accrediting agency.

(d) When the division determines that the provider meets the requirements for regular certification as set forth in this article, the division shall issue a regular certification to the provider.

(e) The regular certification expires ninety (90) days after the expiration of the entity's accreditation. (*Division of Mental Health and Addiction; 440 IAC 4.4-2-3; filed Apr 17, 1997, 10:00 a.m.: 20 IR 2401; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Feb 11, 2002, 4:30 p.m.: 25 IR 2222*)

440 IAC 4.4-2-3.5 Temporary certification

Authority: IC 12-8-8-4; IC 12-23-1-6

Affected: IC 12-23-1-6

Sec. 3.5. (a) If the entity that has applied for regular certification is not yet accredited as an addiction treatment services provider, the entity must meet the requirement that at least one (1) of the direct service providers must be specifically credentialed in addictions counseling by a credentialing body approved by the division.

(b) Temporary certification may be issued for twelve (12) months. Prior to the expiration of the temporary certification, the entity must provide proof of application to an accrediting body approved by the division.

(c) If the applicant fails to provide proof of application to an accrediting body, or fails to maintain at least one (1) direct service provider credentialed in addictions counseling, the applicant may not reapply for regular certification until twelve (12) months after the temporary certification ends.

(d) Upon the verification of the application for accreditation, and continuing to meet the requirements set forth in this section, the temporary certification may be extended for no more than twelve (12) additional months.

(e) Before the extended temporary certification expires, the applicant must forward to the division the following:

(1) Proof of accreditation.

(2) Site survey recommendations from the accrediting agency.

(3) The applicant's responses to the site survey recommendations.

(4) Any other materials requested by the division as a part of the application process.

(f) If the applicant fails to achieve accreditation within twenty-four (24) months:

(1) the applicant may not reapply for regular certification until twelve (12) months after the extended temporary certification ends; and

(2) the applicant may choose to apply for outpatient certification, if the applicant meets the criteria for outpatient certification.

(Division of Mental Health and Addiction; 440 IAC 4.4-2-3.5; filed Feb 11, 2002, 4:30 p.m.: 25 IR 2222)

440 IAC 4.4-2-4 Outpatient certification

Authority: IC 12-8-8-4; IC 12-23-1-6

Affected: IC 25-22.5-2; IC 25-23-1; IC 25-23.6; IC 25-33

Sec. 4. (a) If an entity has ten (10) or fewer, full-time or part-time, direct service providers, and meets the other criteria in this article, the entity may receive an outpatient certification from the division.

(b) The entity must provide a list of all direct service providers, including name, educational level, any degrees obtained, proof of current individual licensure or endorsement from a division approved credentialing body.

(c) At least fifty percent (50%) of the direct service providers must be licensed or credentialed as follows:

(1) A licensed clinical social worker, a licensed mental health counselor, or a licensed marriage and family therapist.

(2) A psychologist (IC 25-33).

(3) A physician (IC 25-22.5-2).

(4) An advanced practice nurse or certified nursing specialist (IC 25-23-1).

(5) An individual credentialed in addictions counseling by a credentialing body approved by the division.

(d) In addition, at least one (1) of the direct service providers must be specifically credentialed in addictions counseling by a credentialing body approved by the division.

(e) Applicants for outpatient certification must meet all requirements at the time of application in order to be certified.

(f) The division may require the applicant to resolve any problems identified by the division or the credentialing bodies.

(g) The division may issue an outpatient certification as an addiction treatment services provider to the applicant, after the division has determined that the applicant meets all of the criteria for outpatient certification set forth in this article.

(h) The outpatient certification shall expire two (2) years from the date it is issued. *(Division of Mental Health and Addiction; 440 IAC 4.4-2-4; filed Apr 17, 1997, 10:00 a.m.: 20 IR 2402; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Feb 11, 2002, 4:30 p.m.: 25 IR 2223)*

440 IAC 4.4-2-4.5 Uniform criteria for programs that are certified as outpatient under section 4 of this rule

Authority: IC 12-8-8-4; IC 12-23-1-6

Affected: IC 12-23-4-5

Sec. 4.5. (a) Each outpatient certified program shall provide at least outpatient treatment services and may provide intensive outpatient treatment services to those individuals whose assessments indicate a need for these services.

(b) If an outpatient certified program has or holds itself out as having intensive outpatient treatment services, it shall meet the requirements at 440 IAC 4.4-1-1(12).

(c) Each program shall have specific minimum admission criteria, including the following:

(1) The consumer has a documented history of current excessive use of alcohol or other drugs.

(2) The individual is experiencing significant functional impairments in one (1) or more of the following areas:

(A) Activities of daily living.

(B) Interpersonal functioning.

DIVISION OF MENTAL HEALTH AND ADDICTION

(C) Psychological functioning.

(D) Ability to live without recurrent abuse of chemicals.

(3) The program shall consider whether the consumer has adequate support systems to foster recovery.

(4) There are no presenting medical or unstable psychiatric conditions that would preclude the consumer's participation in this level of treatment.

(5) A more intensive level of treatment is not indicated from the intake and assessment.

(d) The program shall have a written policy and procedure for conducting consumer intake assessments meeting the following criteria:

(1) The consumer intake assessment shall take place within two (2) weeks of the consumer's first contact with the agency.

(2) The intake assessment shall include, but not be limited to, the following items of information:

(A) A psychosocial history.

(B) Emotional and behavioral functioning.

(C) Alcohol and other drug use history.

(D) Medical conditions.

(3) The individual shall be screened for co-occurring disorders.

(e) The program shall refer the individual to appropriate treatment, or link with another program with special expertise if:

(1) there are medical or unstable psychiatric conditions that would preclude the consumer's participation in this level of treatment; or

(2) a more intensive level of treatment is indicated from the assessment.

(f) The program shall have written policies and procedures for the development of a treatment plan, which includes, at a minimum, the following:

(1) Each consumer shall have an individualized treatment plan.

(2) Each consumer shall have the opportunity to participate in developing the treatment plan.

(3) The comprehensive treatment plan shall be completed by the third session.

(4) Each treatment plan shall be reviewed as appropriate with the consumer, but at least every sixty (60) calendar days, and revised as necessary.

(5) The review of the treatment plan shall address the attainment of treatment goals.

(g) Each individual treatment plan shall include, at a minimum, the following:

(1) Consumer problems to be addressed.

(2) Specific goals written in terms of measurable criteria for proposed outcomes of each identified problem.

(3) Therapeutic activities and their frequency.

(4) Referrals for needed services that are not provided by the program.

(5) Staff persons responsible for working with each identified goal.

(6) Plans for involvement in appropriate support groups.

(7) The consumer's signature indicating that he or she has reviewed and understands the contents of the service plan and any revisions thereafter.

(h) The program shall have a policy and procedure for recording consumer progress that addresses, at a minimum, the following:

(1) A consumer record shall be completed for each therapeutic activity and its relationship to the service plan.

(2) The date and identity of the person making the entry.

(3) Entries shall be made after each consumer contact.

(i) The program shall have written policies and procedures for discharge planning that shall include, but not be limited to, the following criteria:

(1) The discharge plan shall be reviewed by the consumer.

(2) The discharge summary shall include, at a minimum, indicators of the following:

(A) The consumer's progress in achieving outcomes for each goal of the treatment plan.

(B) A final evaluation.

(C) Recommendations for care after discharge.

(3) The discharge summary shall be completed within thirty (30) calendar days following discharge.

(Division of Mental Health and Addiction; 440 IAC 4.4-2-4.5; filed Feb 11, 2002, 4:30 p.m.: 25 IR 2223)

440 IAC 4.4-2-5 Maintenance of certification

Authority: IC 12-8-8-4; IC 12-23-1-6
Affected: IC 12-23-1-6

Sec. 5. Maintenance of certification is dependent upon the following:

- (1) For regular certification, the entity shall maintain accreditation from an approved accrediting agency.
- (2) For temporary certification, the entity shall do the following:
 - (A) Fulfill the requirements regarding direct service provider credentials.
 - (B) If, for more than thirty (30) days, there is no direct service provider who has a specific addictions counseling credential the entity must immediately notify the division with a plan of correction.
 - (C) The division may continue the certification for another sixty (60) days while the entity comes into compliance with the requirements.
- (3) For outpatient certification, the entity shall do the following:
 - (A) Fulfill the requirements regarding direct service provider credentials.
 - (B) Maintain a file containing documentation of current licensure or certification for each direct service provider.
 - (C) If, for more than thirty (30) days:
 - (i) the number of licensed or certified direct service providers drops below fifty percent (50%) of the direct service providers; or
 - (ii) there is no direct service provider who has a specific addictions counseling credential;the entity must immediately notify the division with a plan of correction.
 - (D) The division may continue the certification for another sixty (60) days while the entity comes into compliance with the requirements.
- (4) If the number of direct service providers in an entity with outpatient certification increases to eleven (11) or more, the entity must immediately notify the division and begin the process for regular certification as set forth in this article.
- (5) For either regular certification or outpatient certification, the entity shall do the following:
 - (A) Have written policies and enforce these policies to support and protect the fundamental human, civil, constitutional, and statutory rights of each consumer. The entity shall give a written statement of rights to each consumer and, in addition, the entity shall document that staff provides an oral explanation of these rights to each consumer.
 - (B) Maintain compliance with required health, fire, and safety codes as prescribed by federal and state law.

(Division of Mental Health and Addiction; 440 IAC 4.4-2-5; filed Apr 17, 1997, 10:00 a.m.: 20 IR 2402; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Feb 11, 2002, 4:30 p.m.: 25 IR 2224)

440 IAC 4.4-2-6 Notification of changes

Authority: IC 12-8-8-4; IC 12-23-1-6
Affected: IC 12-27

Sec. 6. (a) An entity which is certified under this article must notify the division, in writing, of any of the following:

- (1) Change in location of any of the addiction treatment services operational sites, including additions, deletions, and expansion.
 - (2) Changes in the addiction treatment services provided or changes in the populations served.
 - (3) Change in ownership.
 - (4) The violation of health, fire, or safety codes as prescribed by federal and state laws.
 - (5) Documented violation of a consumer's rights under IC 12-27 and under 42 CFR 2.
- (b) If an entity has outpatient certification, the entity must notify the division of changes in the number of direct service providers when any of the following occurs:
- (1) The direct service providers number eleven (11) or more.
 - (2) For more than thirty (30) days, the number of licensed or credentialed direct service providers drops below fifty percent (50%).
 - (3) For more than thirty (30) days, there is no direct service provider who is specifically credentialed in addictions counseling.
 - (c) If an entity has a temporary certification, the entity must notify the division if, for more than thirty (30) days, there is no

direct service provider who is specifically credentialed in addictions counseling.

(d) If an entity has a regular certification, the entity must notify the division of the following:

- (1) Change in the accrediting agency to provide accreditation.
- (2) Change in the accreditation status of the entity.

(Division of Mental Health and Addiction; 440 IAC 4.4-2-6; filed Apr 17, 1997, 10:00 a.m.: 20 IR 2402; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Feb 11, 2002, 4:30 p.m.: 25 IR 2225)

440 IAC 4.4-2-7 Renewal of certification

Authority: IC 12-8-8-4; IC 12-23-1-6

Affected: IC 12-23-1-6

Sec. 7. (a) To renew certification under this article, the provider shall submit a request for certification thirty (30) days prior to the expiration of the application on a form prepared by the division, which shall consist of all materials requested by the division, including the following:

(1) For regular certification, proof of accreditation, including the most recent site survey recommendations and the entity's response to these recommendations.

(2) For outpatient certification, the following:

(A) Proof of current licensure or credential of individual direct service providers.

(B) Proof of compliance with the uniform criteria for outpatient programs, set forth at section 4.5 of this rule.

(b) The division may require the applicant to resolve any problems identified by the division, a credentialing body, or the accrediting agency before the division issues a renewal certificate.

(c) When a request for the renewal of certification is deemed to be complete by the division and the applicant has taken any action which is deemed necessary by the division, the division shall issue a new certificate.

(d) If the entity has a regular certification, this certification shall expire ninety (90) days after the expiration of the entity's accreditation from the accrediting agency.

(e) If the entity has an outpatient certification, this certification shall expire two (2) years from the date it is issued. *(Division of Mental Health and Addiction; 440 IAC 4.4-2-7; filed Apr 17, 1997, 10:00 a.m.: 20 IR 2403; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Feb 11, 2002, 4:30 p.m.: 25 IR 2225)*

440 IAC 4.4-2-8 Conditional status for regular and outpatient certification

Authority: IC 12-8-8-4; IC 12-23-1-6

Affected: IC 12-23-1-6

Sec. 8. (a) The division shall issue a conditional status under this article upon the division's investigation and determination of any of the following conditions:

(1) A substantive change in the entity's accreditation status other than revocation of the accreditation.

(2) Failure of the entity to renew accreditation within ninety (90) days following expiration of the entity's current accreditation by the entity's accrediting agency.

(3) Failure to comply with this article.

(4) Any conduct or practice in the operations of the entity that is found by the division to be detrimental to the welfare of persons served by the organization.

(5) The physical safety of the consumers or staff of the entity is compromised by a physical or sanitary condition of a physical facility of the entity.

(6) Violation of a federal or state statute, rule, or regulation in the course of the operation of the entity.

(b) The time period of a conditional status is determined by the division, but may not exceed twelve (12) months from the date the conditional status was effective.

(c) The division shall notify the entity of the following:

(1) The requirements not met and the intermediate steps required by the division that the entity must take to meet those requirements.

(2) The time period granted by the division for the entity to meet the requirements.

(d) The division shall terminate the entity's certification if the entity fails to meet the requirements within the allotted time period. (*Division of Mental Health and Addiction; 440 IAC 4.4-2-8; filed Apr 17, 1997, 10:00 a.m.: 20 IR 2403; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Feb 11, 2002, 4:30 p.m.: 25 IR 2225*)

440 IAC 4.4-2-9 Termination of certification

Authority: IC 12-8-8-4; IC 12-23-1-6

Affected: IC 12-23-1-6

Sec. 9. (a) The division shall terminate the certification of the entity if the following occurs:

(1) The entity's accreditation is revoked.

(2) The entity that has a conditional status does not meet the requirements of the division within the period of time required.

(3) The entity fails to provide proof of application for accreditation prior to the expiration of the initial temporary certification.

(4) The entity fails to become accredited within twenty-four (24) months of receiving a temporary certification.

(b) The division shall notify the Indiana family and social services administration and the department of administration that the entity's certification has been terminated.

(c) An entity whose regular certification is terminated may not reapply for regular certification as an addiction services treatment provider until the lapse of one (1) year from the date of termination.

(d) An entity whose outpatient certification is terminated may not reapply for regular certification as an addiction services treatment provider until the lapse of one (1) year from the date of termination. (*Division of Mental Health and Addiction; 440 IAC 4.4-2-9; filed Apr 17, 1997, 10:00 a.m.: 20 IR 2403; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Feb 11, 2002, 4:30 p.m.: 25 IR 2226*)

440 IAC 4.4-2-10 Transfer of certification

Authority: IC 12-8-8-4; IC 12-23-1-6

Affected: IC 12-23-1-6

Sec. 10. An entity certified under this article may not transfer its certification to another legal entity. (*Division of Mental Health and Addiction; 440 IAC 4.4-2-10; filed Apr 17, 1997, 10:00 a.m.: 20 IR 2404; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235*)

440 IAC 4.4-2-11 Appeals

Authority: IC 12-8-8-4; IC 12-23-1-6

Affected: IC 4-21.5-3

Sec. 11. A party who is aggrieved by any adverse action taken under this rule may appeal under IC 4-21.5-3. (*Division of Mental Health and Addiction; 440 IAC 4.4-2-11; filed Feb 11, 2002, 4:30 p.m.: 25 IR 2226*)

ARTICLE 4.5. ALLOCATION OF RESOURCES FOR THE LONG TERM CARE OF ADULTS WITH SERIOUS MENTAL ILLNESS

Rule 1. Definitions

440 IAC 4.5-1-1 Definitions (Expired)

Sec. 1. (*Expired under IC 4-22-2.5, effective January 1, 2003.*)

Rule 2. Allocation of Resources

440 IAC 4.5-2-1 Allocation of resources (Expired)

Sec. 1. (Expired under IC 4-22-2.5, effective January 1, 2003.)

ARTICLE 5. COMMUNITY CARE

Rule 1. Community Care for Transferred or Discharged Individuals

440 IAC 5-1-1 Applicability

Authority: IC 12-8-8-4

Affected: IC 11-10-4; IC 12-7-2-61; IC 12-23-7; IC 12-23-8; IC 12-24-19; IC 12-26; IC 35-36-2-4; IC 35-36-3; IC 35-41-1

Sec. 1. (a) This rule applies only to a patient who is transferred or discharged from a state institution administered by the division of mental health after the effective date of this rule.

(b) This rule does not apply to any of the following:

- (1) An individual who is admitted to a state institution only for evaluation purposes.
- (2) An individual who is incompetent to stand trial under IC 35-36-3.
- (3) An individual who is found to be not guilty by reason of insanity under IC 35-36-2-4 and is subject to a civil commitment under IC 12-26.
- (4) An individual who is immediately subject to a civil commitment upon the individual's release from incarceration in a facility administered by the department of correction or the Federal Bureau of Prisons, or upon being charged with or convicted of a forcible felony under IC 35-41-1.
- (5) An individual placed under the supervision of the division for addictions treatment under IC 12-23-7 and IC 12-23-8.
- (6) An individual transferred from the department of correction under IC 11-10-4.
- (7) An individual who has a developmental disability as defined in IC 12-7-2-61.
- (8) An individual in an alcohol and drug services program who is not concurrently diagnosed as mentally ill.
- (9) An individual who has escaped from the facility to which the individual was involuntarily committed.
- (10) An individual who was admitted to a state institution for voluntary treatment and who has left the state institution against the advice of the attending physician.

(Division of Mental Health and Addiction; 440 IAC 5-1-1; filed Jun 14, 1995, 11:00 a.m.: 18 IR 2777; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Nov 4, 2002, 12:09 p.m.: 26 IR 745)

440 IAC 5-1-2 Definitions

Authority: IC 12-8-8-4

Affected: IC 12-21-2-3; IC 12-21-2-7; IC 12-24-19; IC 12-26-6; IC 12-26-7; IC 23-17

Sec. 2. The following definitions apply throughout this rule:

- (1) "Consumer" means an adult or child who has been discharged or transferred from a state institution administered by the division of mental health and addiction to which the individual was admitted for voluntary treatment or was involuntarily committed.
- (2) "Discharged from a state institution" means the final and complete release of an individual with mental illness from the care, treatment, training, or detention at a state facility operated by the division of mental health and addiction to which the individual was admitted for voluntary treatment or was involuntarily committed. The term does not include an individual whose commitment is transferred to another state institution.
- (3) "Discharged from commitment" means that the court has entered an order terminating a commitment on an individual.
- (4) "Gatekeeper" means the following:
 - (A) The community mental health center which facilitated the consumer's entry into the state institution after July 1, 1994.
 - (B) For consumers who entered the state institution before July 1, 1994, the community mental health center which would have been designated to facilitate the consumer's entry into the state institution if the consumer had entered the institution after July 1, 1994.
 - (C) The community mental health center or managed care provider that agrees to accept the gatekeeper function for a

particular patient when the original gatekeeper agrees to transfer that function and, when doing so, it is in the best interest of the consumer.

(5) "Managed care provider" means an organization:

(A) that:

- (i) for mental health services, is defined under 42 U.S.C. 300x-2c;
- (ii) provides addiction services; or
- (iii) provides children's mental health services;

(B) that has entered into a provider agreement with the division of mental health and addiction under IC 12-21-2-7 to provide a continuum of care in the least restrictive, most appropriate setting; and

(C) that is operated by at least one (1) of the following:

- (i) A city, town, county, or other political subdivision of Indiana.
- (ii) An agency of Indiana or of the United States.
- (iii) A political subdivision of another state.
- (iv) A hospital owned or operated by:
 - (AA) a unit of government; or
 - (BB) a building authority that is organized for the purpose of constructing facilities to be leased to units of government.
- (v) A corporation incorporated under IC 23-7-1.1 (before its repeal August 1, 1991) or IC 23-17.
- (vi) An organization that is exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code.
- (vii) A university or college.

(6) "State institution" means a state facility operated by the division of mental health and addiction.

(7) "Transferred from a state institution" means the transfer of the commitment of an individual committed under IC 12-26-6 or IC 12-26-7 to a community mental health center or a health facility.

(Division of Mental Health and Addiction; 440 IAC 5-1-2; filed Jun 14, 1995, 11:00 a.m.: 18 IR 2777; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Nov 4, 2002, 12:09 p.m.: 26 IR 746)

440 IAC 5-1-3 Role of the gatekeeper

Authority: IC 12-8-8-4

Affected: IC 12-24-12; IC 12-24-19

Sec. 3. The gatekeeper's role is the following:

- (1) To facilitate the consumer's entry into a state institution.
- (2) To participate as a member of the treatment team.
- (3) To facilitate and plan, together with the consumer and the state institution, the consumer's transition to the least restrictive appropriate setting.

(Division of Mental Health and Addiction; 440 IAC 5-1-3; filed Jun 14, 1995, 11:00 a.m.: 18 IR 2778; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)

440 IAC 5-1-3.5 Gatekeeper's role during the time the individual is in the state-operated facility

Authority: IC 12-8-8-4

Affected: IC 12-24-12; IC 12-24-19

Sec. 3.5. After an adult or child is admitted to a state-operated facility, the gatekeeper shall do the following:

- (1) Have a face-to-face meeting with the individual within thirty (30) days of admission and at least every ninety (90) days thereafter, to evaluate treatment progress, and discuss discharge planning.
- (2) Communicate with the family or guardian of a child within thirty (30) days of admission and at least every ninety (90) days thereafter, to discuss the treatment plan, evaluate treatment progress, and discuss discharge planning.
- (3) Communicate with the treatment team at the state-operated facility within thirty (30) days of admission and at least every ninety (90) days thereafter, to discuss the treatment plan, evaluate treatment progress, and discuss discharge planning.

(4) Provide notice of the date for the planned community placement to the treatment team and the individual at least two (2) weeks prior to the anticipated community placement.

(5) Document face-to-face visits with the individual and contact with the treatment team at the state-operated facility and in the gatekeeper's record.

(Division of Mental Health and Addiction; 440 IAC 5-1-3.5; filed Nov 4, 2002, 12:09 p.m.: 26 IR 747)

440 IAC 5-1-4 When patients shall be discharged or transferred

Authority: IC 12-8-8-4

Affected: IC 12-24-12; IC 12-24-19

Sec. 4. (a) A patient shall be discharged or transferred from a state institution when the gatekeeper and the state institution agree that the following conditions are met:

(1) The discharge or transfer is appropriate to the consumer's unique needs.

(2) The discharge or transfer is in accordance with:

(A) standards of professional practice; and

(B) applicable state and federal law.

(b) If the gatekeeper and the state institution cannot resolve an issue regarding the transfer or discharge of a patient, the gatekeeper or the state institution may appeal to the division of mental health. The director of the division of mental health shall decide the issue.

(c) It is recognized that each consumer will have unique needs, and the services provided shall address these unique needs and be consistent with the individualized treatment plan.

(d) The entity which is providing case management services to the consumer must monitor the service the consumer is receiving under IC 12-24-12. *(Division of Mental Health and Addiction; 440 IAC 5-1-4; filed Jun 14, 1995, 11:00 a.m.: 18 IR 2778; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)*

440 IAC 5-1-5 Rights of consumers

Authority: IC 12-8-8-4

Affected: IC 12-24-12; IC 12-24-19; IC 12-27

Sec. 5. (a) This rule does not affect the rights enumerated in IC 12-27.

(b) The consumer who has been discharged from a commitment has the right to choose a nonstate funded provider of community care services.

(c) If the consumer chooses a provider who is not state funded, the consumer must pay for the consumer's own care.

(d) The consumer shall be requested to sign a release of information for the gatekeeper to obtain reports from the provider in accordance with IC 12-24-12 to assure that the consumer is receiving community care. *(Division of Mental Health and Addiction; 440 IAC 5-1-5; filed Jun 14, 1995, 11:00 a.m.: 18 IR 2778; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)*

ARTICLE 5.2. ASSERTIVE COMMUNITY TREATMENT TEAMS CERTIFICATION

Rule 1. Definitions

440 IAC 5.2-1-1 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 5.2-1-1; filed Sep 30, 2003, 9:50 a.m.: 27 IR 492)*

440 IAC 5.2-1-2 “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 community mental health center has met specific requirements of the accrediting agency. (*Division of Mental Health and Addiction; 440 IAC 5.2-1-2; filed Sep 30, 2003, 9:50 a.m.: 27 IR 492*)

440 IAC 5.2-1-3 “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, which has developed clinical, financial, and organizational standards for the operation of a provider of mental health services and which evaluates a provider’s compliance with its established standards on a regularly scheduled basis. (*Division of Mental Health and Addiction; 440 IAC 5.2-1-3; filed Sep 30, 2003, 9:50 a.m.: 27 IR 492*)

440 IAC 5.2-1-4 “Assertive community treatment (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 (ACT)” means 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 cooccurring problems or multiple hospitalizations and meets the criteria outlined in this article. (*Division of Mental Health and Addiction; 440 IAC 5.2-1-4; filed Sep 30, 2003, 9:50 a.m.: 27 IR 492*)

440 IAC 5.2-1-5 “Consumer” defined

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

Sec. 5. “Consumer” means an individual who is receiving assessment or mental health services from the assertive community treatment team. (*Division of Mental Health and Addiction; 440 IAC 5.2-1-5; filed Sep 30, 2003, 9:50 a.m.: 27 IR 492*)

440 IAC 5.2-1-6 “Division” defined

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

Sec. 6. “Division” means the division of mental health and addiction. (*Division of Mental Health and Addiction; 440 IAC 5.2-1-6; filed Sep 30, 2003, 9:50 a.m.: 27 IR 492*)

440 IAC 5.2-1-7 “Rural county” defined

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

Sec. 7. “Rural county” means a county with no city or town that has a population of fifty thousand (50,000) or more according to the most recent United States census. (*Division of Mental Health and Addiction; 440 IAC 5.2-1-7; filed Sep 30, 2003, 9:50 a.m.: 27 IR 492*)

440 IAC 5.2-1-8 “Urban county” defined

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

Sec. 8. “Urban county” means a county with a city or town that has a population of fifty thousand (50,000) or more according to the most recent United States census. (*Division of Mental Health and Addiction; 440 IAC 5.2-1-8; filed Sep 30, 2003, 9:50 a.m.: 27 IR 492*)

Rule 2. Certification of Assertive Community Treatment Teams

440 IAC 5.2-2-1 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 article applies to all community mental health centers operating assertive community treatment teams. (*Division of Mental Health and Addiction; 440 IAC 5.2-2-1; filed Sep 30, 2003, 9:50 a.m.: 27 IR 493*)

440 IAC 5.2-2-2 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) Assertive community treatment teams must be part of a certified community mental health center that has been certified by the division for at least two (2) consecutive years at the time of application.

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

(c) Each ACT team serving consumers must be certified pursuant to this article.

(d) Each team must be certified and named independently. Certification is specific to a team.

(e) A community mental health center which has one (1) or more certified teams must provide information related to services as requested by the division and must participate in the division’s quality assurance program.

(f) A CMHC must respond to a request from the division as fully as it is capable. Failure to comply with such a request may result in termination of the assertive community treatment team’s certification.

(g) When a CMHC has demonstrated compliance with all applicable laws and regulations, including the specific criteria in this article, a certificate for each team shall be issued and shall be posted in a conspicuous place in the facility open to consumers and the public. (*Division of Mental Health and Addiction; 440 IAC 5.2-2-2; filed Sep 30, 2003, 9:50 a.m.: 27 IR 493*)

440 IAC 5.2-2-3 Regular staff and 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) A regular certified ACT team must be composed of the following staff:

(1) A team leader who is assigned full-time to the team and is a qualified mental health professional (QMHP) as defined in 405 IAC 5-21-1(c) with at least a master’s degree and prior supervisory experience. Responsibilities shall be limited to the ACT team. The team leader shall perform the following roles:

(A) Provide direct supervision of team members.

(B) Function as a practicing clinician with consumer contact at least five (5) hours a week.

(2) No more than two (2) psychiatrists per team who provide in total a minimum of sixteen (16) hours a week per fifty (50) consumers. If the team includes two (2) psychiatrists, the agency must demonstrate full integration of the psychiatrists as members of the team. A psychiatrist or psychiatrists must perform the following critical roles:

(A) Supervise the psychiatric treatment of all consumers, including psychiatric assessment and provision of needed psychopharmacologic treatment, and at least monthly assessment of the consumer’s response to medications. If a consumer is in crisis more frequent assessment may be required.

DIVISION OF MENTAL HEALTH AND ADDICTION

- (B) Attend the majority of treatment planning meetings.
 - (C) Attend at least two (2) daily ACT team meetings weekly.
 - (D) Actively collaborate with all registered nurses (RNs) and all licensed practical nurses (LPNs).
 - (E) Supervise the medication management system.
- (3) At least one (1) full-time equivalent (FTE) registered nurse and a minimum of one (1) FTE registered nurse per fifty (50) consumers. The RNs shall have at least six (6) months of experience working with persons with mental illness and perform the following critical roles:
- (A) In collaboration with the psychiatrist, manage the medication system and administer and document medication treatment.
 - (B) Conduct health assessments within scope of practice.
 - (C) Coordinate services with other health providers.
 - (D) Provide training to other ACT team members to help them monitor psychiatric symptoms and medication side effects.
- (4) At least one (1) full-time equivalent (FTE) substance abuse specialist, who is credentialed in addictions counseling by a credentialing body approved by the division, or who has two (2) years of experience as a substance abuse counselor in a substance abuse program. The substance abuse counselor shall perform the following roles:
- (A) Take the lead in substance abuse assessment, planning, and treatment for all ACT consumers.
 - (B) Provide treatment specifically indicated for consumers with mental illness and substance abuse for all consumers of the team.
 - (C) Provide training to other ACT team members to help them identify substance abuse and monitor progress in treatment.
- (5) At least one (1) FTE vocational specialist who works under a supported employment (SE) program operated by the agency under contract with the office of vocational rehabilitation services is assigned to the ACT team full time. All vocational specialists shall perform the following critical roles:
- (A) Provide a full range of supported employment services (e.g., vocational assessment and planning, job development, job placement, job support, career counseling, follow along, maintains liaison with vocational rehabilitation counselors).
 - (B) Provide training to other ACT team members regarding the range of supported employment services.
- (6) All other team members must be assigned exclusively to the team and meet at least one (1) of the following requirements:
- (A) Have a bachelor's degree.
 - (B) Be a RN or LPN who has been trained to work with consumers with mental illness. or
 - (C) Have a minimum of four (4) years of experience as a case manager.
- No team shall have more than two (2) team members who do not meet the criteria listed in clauses [clause] (A) or (B).
- (7) A team may have no more than one (1) peer specialist that does not meet criteria listed in Sec. 3(a)(6) [subdivision (6)]. A peer specialist shall:
- (A) be assigned to the team full time and participate in the clinical responsibilities and functions of the team in providing direct services to consumers; and
 - (B) be counted when calculating the case ratio.
- (8) All members of the team shall be individuals with experience working with persons with mental illness, as well as having the ability to establish caring, trusting relationships based on respect for individual consumers.
- (9) Excluding the psychiatrists, the minimum team size shall be as follows:
- (A) Each team providing services to an urban county must have at least eight (8) FTE staff members.
 - (B) Each team providing services to a rural county must have at least six (6) FTE staff members.
 - (C) Clinical staff to consumer ratio must be at least 1:10.
- (b) Each regularly certified team shall meet the following regular operational standards:
- (1) All consumers admitted to the ACT team must meet the admission criteria as defined in Sec. 4 [section 4 of this rule].
 - (2) At least eighty percent (80%) of consumers must have 295-296 Axis I Diagnosis under Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, published by the American Psychiatric Association (DSM IV).
 - (3) Highest intake rate during a six (6) month period shall not exceed five (5) consumers per month.
 - (4) The program shall operate at least eight (8) hours per day, Monday through Friday. On weekends and holidays at least two (2) hours of direct service shall be provided daily. A team member shall be on call all other hours.

- (5) Consumers must be contacted face-to-face on average at least three (3) times per week.
- (6) Consumers must be contacted face-to-face on average two (2) hours per week or more per consumer.
- (7) At least seventy-five percent (75%) of all team contacts shall occur out of the office.
- (8) An average of at least ninety percent (90%) of consumers shall have contact with three (3) or more team members per month.
- (9) For a minimum of six (6) months, the team shall attempt at least two (2) face-to-face contacts per month for consumers who refuse services.
- (10) At least eighty percent (80%) of inpatient admissions are planned jointly with the ACT team.
- (11) At least eighty percent (80%) of inpatient discharges are planned jointly with the ACT team.
- (12) Excluding planned graduations, at least eighty-five percent (85%) of the caseload is retained over a twelve (12) month period.
- (13) All consumers are offered services on a time unlimited basis.
- (14) Less than ten percent (10%) of consumers will be transitioned to less intensive services annually (excluding dropouts).
- (15) A team shall not serve more than one hundred twenty (120) consumers.
- (16) The team must demonstrate consistent, well planned engagement strategies to prevent harm to the consumer or others; such strategies may include legal mechanisms, such as representative payee, outpatient commitment, and probation.
- (17) The team shall effectively communicate and coordinate activities and comply with the following:
 - (A) Organizational team meetings shall be held daily, Monday through Friday, and attended by all team members assigned to be on duty. During the organizational meeting, all consumers' status shall be briefly reviewed using a daily log and staff report. Services and contacts shall be scheduled according to treatment plans and triage.
 - (B) All team member contacts with consumers are logged and easily accessible to the entire team.
- (18) The team shall provide emergency service backup, twenty-four (24) hours a day and make decisions about direct team intervention and comply with the following:
 - (A) A team member shall be available by phone or face-to-face with backup by team leader and a psychiatrist.
 - (B) The team shall have an active, ongoing collaboration with emergency services providers.
- (19) The team shall operate at no less than eighty percent (80%) of full staffing during any twelve (12) month period on average.

(Division of Mental Health and Addiction; 440 IAC 5.2-2-3; filed Sep 30, 2003, 9:50 a.m.: 27 IR 493)

440 IAC 5.2-2-4 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 consumers admitted to ACT must meet the following criteria:

- (1) Be an individual who is eighteen (18) years of age or older.
 - (2) The division criteria for persons with serious mental illness as defined in 440 IAC 8-2-2. and
 - (3) The team specific, division approved admission criteria.
- (b) The team specific, division approved admission criteria must be submitted with the initial application and should be objective and address the following:
- (1) Discharge from long term psychiatric hospitalizations.
 - (2) Number of psychiatric hospitalizations or days hospitalized in the prior two (2) years.
 - (3) Criminal justice/legal system involvement despite mental health intervention.
 - (4) Difficult-to-treat substance abuse disorder of greater than six (6) months duration.
 - (5) Homelessness or unstable housing.
 - (6) Lack of consistent benefit from traditional mental health programs.
- (c) At least eighty percent (80%) of consumers must have a diagnosis of 295-296 Axis I Diagnosis under Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, published by the American Psychiatric Association (DSM IV).
- (d) Prior to the implementation of changes to team specific admission criteria an agency must submit, in writing, the revised admission criteria. Revised admission criteria may not be implemented until approved by the division.
- (e) When consumers are discharged from ACT, documentation must include:

- (1) a gradual transfer period;
- (2) a plan to maintain continuity of treatment at appropriate levels of intensity to support the consumer's continued recovery; and
- (3) a plan for consumers to easily return to the ACT team, if needed.

(Division of Mental Health and Addiction; 440 IAC 5.2-2-4; filed Sep 30, 2003, 9:50 a.m.: 27 IR 495)

440 IAC 5.2-2-5 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) Based on consumer needs, the team performs the following case management functions for all ACT consumers:

- (1) Locate and maintain safe, affordable housing, with an emphasis on consumer choice and independent community housing.
- (2) Provide financial management support, including use of legal mechanisms such as representative payee.
- (3) Support and skills training in activities of daily living, including self care, homemaking, financial management, use of transportation, and use of health and social service resources.
- (4) Support and skills training in social, interpersonal relationship, and leisure time activities.
- (5) Education regarding mental illness or addiction issues.

(b) The ACT team monitors, provides supervision, education, and consumer support in the administration of psychiatric medications for all ACT consumers.

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

(d) ACT team educates consumers about symptom management and early identification of both premorbid and prodromal symptoms.

(e) The team shall actively and assertively engage and reach out to consumers' family members or significant others, after obtaining consumer permission. The team shall:

- (1) Establish ongoing communication and collaboration between the team and family members.
- (2) Educate the family about mental illness and the family's role in treatment.
- (3) Educate the family about symptom management and early identification of both premorbid and prodromal symptoms.
- (4) Provide interventions to promote positive interpersonal relationships.
- (f) The team shall facilitate consumer access to the following services:

- (1) Medical and dental services.
- (2) Social services.
- (3) Transportation and access to transportation. and
- (4) Legal advocacy.

(Division of Mental Health and Addiction; 440 IAC 5.2-2-5; filed Sep 30, 2003, 9:50 a.m.: 27 IR 495)

440 IAC 5.2-2-6 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 hospitalization, housing, and employment outcomes for all consumers.

(b) The ACT team shall monitor compliance with this article quarterly and modify team operations as indicated.

(c) The ACT team shall participate in the division quality assurance program. *(Division of Mental Health and Addiction; 440 IAC 5.2-2-6; filed Sep 30, 2003, 9:50 a.m.: 27 IR 495)*

440 IAC 5.2-2-7 Regular certification

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

Affected: IC 12-24-19

Sec. 7. (a) Application for regular certification must include the following:

- (1) Documentation that the team has operated in compliance with the regular operational standards.

- (2) Documentation that the team meets the regular staffing standards.
- (3) The team's admission criteria.
- (4) All materials requested by the division.
- (b) When the division determines that the provider meets the requirements for regular certification as set forth in this article the division shall issue a regular certification.
- (c) The regular certification expires ninety (90) days after the expiration of the agency's accreditation.
- (d) During the regular certification period, the division may request the agency to submit documentation of ongoing compliance with this article.
- (e) During the regular certification period, the team shall maintain compliance with this article. (*Division of Mental Health and Addiction; 440 IAC 5.2-2-7; filed Sep 30, 2003, 9:50 a.m.: 27 IR 496*)

440 IAC 5.2-2-8 Provisional certification

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

Sec. 8. (a) A team that meets the provisional staff standards may apply for a provisional certification. Provisional certification will be effective for twelve (12) months.

- (b) A provisional certification application shall contain the following:
 - (1) Documentation that the team meets the provisional staff standards.
 - (2) A plan for the achievement of provisional operational standards.
 - (3) The team's admission criteria.
 - (4) All materials requested by the division.
- (c) Provisional team staff standards are as follows:
 - (1) The team members shall perform the functions as set forth in the regular staff standards.
 - (2) The team leader must be assigned full time to the team and be a qualified mental health professional (QMHP) as defined in 405 IAC 5-21-1(c) and have at least two (2) years postgraduate experience in mental health and prior supervisory experience. The team leader must have at least bachelor's level training.
 - (3) No more than two (2) psychiatrists must provide in total a minimum of twelve (12) hours per week per fifty (50) consumers.
 - (4) At least seventy-five percent (75%) of a FTE registered nurse and at least seventy-five percent (75%) of a FTE per fifty (50) consumers. The RNs shall have at least six (6) months of experience working with persons with mental illness.
 - (5) A substance abuse specialist as defined in 440 IAC 5.2-2-3(a)(4) [*section 3(a)(4) of this rule*] must be at least seventy-five percent (75%) of a FTE.
 - (6) A vocational specialist must be at least twenty (20) hours per week and twenty (20) hours per fifty (50) consumers.
 - (7) The remainder of the team members must comply with 440 IAC 5.2-2-3(a)(6) and (7) [*section 3(a)(6) and 3(a)(7) of this rule*].
 - (8) All members of the team shall be individuals with experience working with persons with mental illness, as well as having the ability to establish caring, trusting relationships based on respect for individual consumers.
 - (9) Excluding the psychiatrists, the minimum team size shall be as follows:
 - (A) Each team providing services to an urban county must have at least six (6) FTE staff members.
 - (B) Each team providing services to a rural county must have at least four (4) FTE staff members.
 - (C) Clinical staff to consumer ratio must be at least 1:13.
- (d) Provisional operational standards are as follows:
 - (1) All consumers admitted to the ACT team must meet the admission criteria as defined in Sec. 4 [*section 4 of this rule*].
 - (2) Subsequent provisional certifications require that the highest intake rate during the past six (6) months, as calculated from the ending of the first provisional certification, must not exceed five (5) consumers per month.
 - (3) Program operates at least eight (8) hours per day, Monday through Friday. On weekends and holidays at least two (2) hours of direct service shall be provided daily. A team member shall be on call all other hours.
 - (4) Across total consumer population, consumers must be contacted face-to-face an average of at least two (2) times per week.
 - (5) Across total consumer population, consumers must be contacted face-to-face an average of ninety (90) minutes per week.

or more per consumer.

(6) At least sixty percent (60%) of all team contacts occur out of the office.

(7) An average of at least sixty-five percent (65%) of consumers have contact with three (3) or more team members per month.

(8) For a minimum of six (6) months, the team shall attempt at least two (2) face-to-face contacts per month for consumers who refuse services.

(9) At least sixty-five percent (65%) of inpatient admissions are planned jointly with the ACT team.

(10) At least sixty-five percent (65%) of inpatient discharges are planned jointly with the ACT team.

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

(12) All consumers are offered services on a time unlimited basis.

(13) Less than ten percent (10%) of consumers will be transitioned to less intensive services annually (excluding dropouts).

(14) A team shall not serve more than one hundred twenty (120) consumers.

(15) The team must demonstrate consistent, well planned engagement strategies to prevent harm to the consumer or others; such strategies may include legal mechanisms, such as representative payee, outpatient commitment, and probation.

(16) The team shall effectively communicate and coordinate activities.

(A) Organizational team meeting shall be held daily, Monday through Friday, and attended by all team members assigned to be on duty. During the organizational meeting, all consumers' status shall be briefly reviewed using a daily log and staff report. Services and contacts shall be scheduled according to treatment plans and triage.

(B) All team member contacts with consumers are logged and easily accessible to the entire team.

(17) The team shall provide emergency service backup, twenty-four (24) hours a day and make decisions about direct team intervention.

(A) A team member shall be available by phone or face-to-face with backup by team leader and a psychiatrist.

(B) The team shall have an active, ongoing collaboration with emergency services providers.

(18) The team shall operate at no less than eighty percent (80%) of full staffing during any twelve (12) month period on average.

(e) Prior to the expiration of the provisional certification, the CMHC may apply for an extension of the provisional certification or for regular certification.

(f) For an extension of the provisional certification, the agency must submit documentation to demonstrate that the team has done the following:

(1) Operated at the provisional operational standards.

(2) Has a plan to meet the regular operational standards.

(3) Meets the regular staffing standards.

(4) Complies with all request for the material by the division.

(g) Upon verification of meeting the requirements in [subsection] (e) the provisional certification may be extended for no more than twelve (12) months.

(h) Before the extended provisional certification expires, the agency must demonstrate compliance with regular certification requirements and apply for regular certification.

(i) During the provisional certification period the division may request the agency to submit documentation of ongoing compliance with this article.

(j) During the provisional certification period, the team shall maintain compliance with this article. (*Division of Mental Health and Addiction; 440 IAC 5.2-2-8; filed Sep 30, 2003, 9:50 a.m.: 27 IR 496*)

440 IAC 5.2-2-9 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. 9. (a) Notwithstanding subsection (b), an agency must notify the division, in writing, of any of the following within thirty (30) days after the occurrence:

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

(2) Suicide attempt by a consumer. or

(3) The death of a consumer.

(b) Prior to implementation of changes to team specific admission criteria, an agency must submit, in writing, the revised admission criteria. Revised admission criteria may not be implemented until approved by the division. (*Division of Mental Health and Addiction; 440 IAC 5.2-2-9; filed Sep 30, 2003, 9:50 a.m.: 27 IR 497*)

440 IAC 5.2-2-10 Conditional certification

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

Affected: IC 12-24-19

Sec. 10. (a) The division shall issue the team a conditional certification under this article upon the division's investigation and determination of any of the following conditions:

- (1) Failure to comply with this article.
- (2) A substantive change in the agency's accreditation status other than revocation of the accreditation.
- (3) Failure of the agency to renew accreditation within ninety (90) days following expiration of the agency's current accreditation.
- (4) A substantive change in the agency's community mental health center's certification status other than termination.
- (5) Conduct or any practice in the operation of the agency that is found by the division to be detrimental to the welfare of persons served by the team. or
- (6) Violation of a federal or state statute, rule, or regulation in the course of the operation of this agency.

(b) The time period of a conditional certification is determined by the division, but may not exceed twelve (12) months. The division shall notify the agency of the following:

- (1) The requirements not met and actions the agency must take to meet those requirements.
- (2) The time period granted by the division for the agency to meet the requirements.
- (c) The division shall reinstate certification if the agency meets the requirements.

(d) The division shall terminate the team's certification if the agency fails to meet the requirements within the allotted time period. (*Division of Mental Health and Addiction; 440 IAC 5.2-2-10; filed Sep 30, 2003, 9:50 a.m.: 27 IR 497*)

440 IAC 5.2-2-11 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. 11. (a) The division shall terminate the certification of the team if one (1) of the following occurs:

- (1) The agency's accreditation is revoked.
- (2) The ACT team that has a conditional certification under Sec. 10 [*section 10 of this rule*] does not meet the requirements of the division within the period of time required.
- (3) The ACT team fails to meet the standards to progress from provisional certification in Sec. 8 [*section 8 of this rule*] to regular certification in Sec. 7 [*section 7 of this rule*].
- (4) The agency's CMHC certification is terminated.

(b) If a team's certification is terminated, the community mental health center cannot apply for certification of a new ACT team for twelve (12) months after the termination effective date. (*Division of Mental Health and Addiction; 440 IAC 5.2-2-11; filed Sep 30, 2003, 9:50 a.m.: 27 IR 498*)

440 IAC 5.2-2-12 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. 12. Each certification is specific to one (1) team. The certification may not be transferred to another team within the agency. (*Division of Mental Health and Addiction; 440 IAC 5.2-2-12; filed Sep 30, 2003, 9:50 a.m.: 27 IR 498*)

440 IAC 5.2-2-13 Appeal rights

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

Sec. 13. An agency 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 5.2-2-13; filed Sep 30, 2003, 9:50 a.m.: 27 IR 498*)

ARTICLE 5.5. COMMITMENT REPORTS TO THE COURTS FOR COMMUNITY MENTAL HEALTH CENTERS

Rule 1. Definitions

440 IAC 5.5-1-1 Applicability

Authority: IC 12-21-2-8
Affected: IC 12-26-6-8

Sec. 1. The definitions in this rule apply throughout this article. (*Division of Mental Health and Addiction; 440 IAC 5.5-1-1; filed Nov 13, 2000, 11:12 a.m.: 24 IR 993; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235*)

440 IAC 5.5-1-2 "Community mental health center" or "CMHC" defined

Authority: IC 12-21-2-8
Affected: IC 12-26-6-8; IC 12-26-7-3

Sec. 2. "Community mental health center" or "CMHC" means a mental health facility that the division has certified as fulfilling the statutory and regulatory requirements to be a community mental health center. (*Division of Mental Health and Addiction; 440 IAC 5.5-1-2; filed Nov 13, 2000, 11:12 a.m.: 24 IR 993; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235*)

440 IAC 5.5-1-3 "Division" defined

Authority: IC 12-21-2-8
Affected: IC 12-26-6-8; IC 12-26-7-3

Sec. 3. "Division" means the division of mental health. (*Division of Mental Health and Addiction; 440 IAC 5.5-1-3; filed Nov 13, 2000, 11:12 a.m.: 24 IR 993; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235*)

Rule 2. Application of Rule

440 IAC 5.5-2-1 Applicability

Authority: IC 12-21-2-8
Affected: IC 12-26-6-8; IC 12-26-7-3

Sec. 1. This rule applies to all community mental health centers certified by the division. (*Division of Mental Health and Addiction; 440 IAC 5.5-2-1; filed Nov 13, 2000, 11:12 a.m.: 24 IR 993; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235*)

Rule 3. Report Requirements

440 IAC 5.5-3-1 Reporting

Authority: IC 12-21-2-8
Affected: IC 12-24-1-3; IC 12-24-1-4; IC 12-26-2-9; IC 12-26-6-8; IC 12-26-7-3

Sec. 3. If the community mental health center's employee is neither the petitioner for the commitment nor the physician

supplying the physician's statement, the report from a community mental health center included in a record of commitment proceedings in accordance with IC 12-26-6-8(c) and IC 12-26-7-3(b) shall contain the following information:

- (1) An opinion of whether the individual meets the statutory requirements for involuntary commitment and if, in the opinion of the community mental health center, such requirements are not being met, a statement that care in an institution operated by the division is not appropriate.
- (2) If, in the opinion of the community mental health center, the individual meets the statutory requirements for an involuntary commitment, the following shall be included:
 - (A) A statement that the individual is mentally ill and either gravely disabled or dangerous to self or others due to the individual's mental illness.
 - (B) A statement that alternatives to state institutional care have been considered by the community mental health center.
 - (C) A statement that care in an institution operated by the division is the most appropriate alternative, and the reasons therefore.
 - (D) A statement of what services are needed by the individual, pending admission to an institution operated by the division.

(Division of Mental Health and Addiction; 440 IAC 5.5-3-1; filed Nov 13, 2000, 11:12 a.m.: 24 IR 993; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)

ARTICLE 6. RESIDENTIAL CARE PROVIDERS; CERTIFICATION

Rule 1. Definitions

440 IAC 6-1-1 Definitions

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-7-2-40.6; IC 12-21-2-7; IC 12-22-2; IC 23-17

Sec. 1. The following definitions apply throughout this article:

- (1) "Annual assessment" means a written summary of a residential provider's successes and failures in achieving the fiscal and clinical goals established by the governing board.
- (2) "Certification" means the process used by the division to document a residential care provider's compliance with the statutory and regulatory requirements for operation as a residential care provider, including the issuance of a certificate if the residential care provider is found to comply with the requirements in this article.
- (3) "Conflict of interest" means activity of an individual (usually related to work or ownership) that is or runs the risk of being an oppositional interest to another interest or activity of the same individual thereby jeopardizing the ability of the individual to act in the best interest of one (1) of the activities.
- (4) "Consumer" means a primary consumer.
- (5) "Division" means the division of mental health and addiction.
- (6) "Managed care provider" means an organization:
 - (A) that:
 - (i) for mental health services, is defined under 42 U.S.C. 300x-2(c);
 - (ii) provides addiction services; or
 - (iii) provides children's mental health services;
 - (B) that has entered into a provider agreement with the division under IC 12-21-2-7 to provide a continuum of care as defined in IC 12-7-2-40.6 in the least restrictive, most appropriate setting; and
 - (C) that is operated by at least one (1) of the following:
 - (i) A city, town, county, or other political subdivision of Indiana.
 - (ii) An agency of Indiana or of the United States.
 - (iii) A political subdivision of another state.
 - (iv) A hospital owned or operated by:
 - (AA) a unit of government; or
 - (BB) a building authority that is organized for the purpose of constructing facilities to be leased to units

of government.

(v) A corporation incorporated under IC 23-7-1.1 (before its repeal August 1, 1991) or IC 23-17.

(vi) An organization that is exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code.

(vii) A university or college.

(7) "Primary consumer" means an individual who has received or is receiving mental health or addiction services.

(8) "Residential care provider" means an organization that the division has certified as fulfilling the statutory and regulatory requirements to be a residential care provider.

(9) "Secondary consumer" means a family member, guardian, or health care decision maker for a primary consumer.

(10) "Strategic plan" means a written summary of the governing board's future goals and objectives for the organization that provides a time-specified and systematic approach towards implementation, achievement, and methods of evaluation of the accomplishment of the stated goals and objectives.

(Division of Mental Health and Addiction; 440 IAC 6-1-1; filed Dec 11, 1995, 3:00 p.m.: 19 IR 1100; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Jun 10, 2002, 2:32 p.m.: 25 IR 3146)

Rule 2. Certification of Residential Care Providers

440 IAC 6-2-1 Scope

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-7-2-127; IC 12-21-2-7; IC 12-22-2

Sec. 1. (a) Community mental health centers, which are certified by the division under 440 IAC 4.1, are deemed to also be certified as residential care providers.

(b) Entities certified by the division as managed care providers under 440 IAC 4.3 are deemed to also be certified as residential care providers.

(c) Entities certified by the division as having a regular certification as addiction services providers under 440 IAC 4.4-2-3 are deemed to also be certified as residential care providers. *(Division of Mental Health and Addiction; 440 IAC 6-2-1; filed Dec 11, 1995, 3:00 p.m.: 19 IR 1104; filed Apr 30, 1997, 9:00 a.m.: 20 IR 2379; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Jun 10, 2002, 2:32 p.m.: 25 IR 3146)*

440 IAC 6-2-2 Certification by the division

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-21-2-7; IC 12-22-2

Sec. 2. (a) Before an entity may operate a supervised group living facility, a semi-independent living program, a sub-acute stabilization facility, a transitional residential facility, or an alternative family for adults program, the entity must be certified by the division as one (1) of the following:

(1) A managed care provider.

(2) A community mental health center.

(3) An addiction services provider with a regular certification.

(4) A residential care provider under this article.

(b) A residential care provider must apply separately for certification or licensure of the specific facility they intend to operate.

(c) An organization that has applied for certification or has been certified must provide information related to services as requested by the division and must participate in the division's quality assurance program. An organization must respond to a request from the division as fully as it is capable. Failure to comply with a request from the division may result in the denial or termination of an organization's certification.

(d) When an organization has demonstrated compliance with all applicable laws and regulations, including the specific criteria in this article, a certificate shall be issued and shall be posted in a conspicuous place in the facility open to consumers and the public. *(Division of Mental Health and Addiction; 440 IAC 6-2-2; filed Dec 11, 1995, 3:00 p.m.: 19 IR 1101; filed Apr 30, 1997, 9:00 a.m.: 20 IR 2379; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Jun 10, 2002, 2:32 p.m.: 25 IR 3146; errata filed Jan 6,*

2003, 4:11 p.m.: 26 IR 1572)

440 IAC 6-2-3 Organizational standards and requirements

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-21-2-7; IC 12-22-2

Sec. 3. (a) The organization shall have a governing board.

(b) The purpose of the governing board is to make policy and to assure the effective implementation of the policy.

(c) The governing board shall meet the following criteria:

(1) The governing board shall be composed of at least five (5) individuals.

(2) At least one (1) member shall be a primary or secondary consumer.

(3) At least one (1) member shall be licensed by the health professions bureau as a physician or health services professional in psychology.

(d) The governing board shall meet on a regular basis. The duties of the governing board include the following:

(1) Employ a chief executive officer for the organization. The chief executive officer shall have at least a master's degree and shall have demonstrated managerial experience in the mental health care or related field.

(2) Evaluate the chief executive officer. Evaluations must be conducted at least every other year.

(3) Establish and enforce prudent business and fiscal policies for the organization.

(4) Develop and enforce written policies governing organization operations.

(5) Develop and implement an ongoing strategic plan that identifies the priorities of the governing board and utilizes community input and consumer assessment of programs and services offered.

(6) Assure that minutes of all meetings are maintained and accurately reflect the actions taken.

(7) Develop and enforce policies and procedures regarding conflict of interest by both governing board members and organization employees.

(8) Conduct an annual assessment, including the following:

(A) A review of the business practices of the organization to ensure that:

(i) appropriate risk management procedures are in place;

(ii) prudent financial practices occur;

(iii) there is an attempt to maximize revenue generation; and

(iv) professional practices are maintained in regard to information systems, accounts receivable, and accounts payable.

Deficiencies in the center's business practices shall be identified and a plan of corrective action implemented.

(B) A review of the programs of the organization, assessing whether the programs are well utilized, cost effective, and clinically effective. Deficiencies in the organization's current program practices shall be identified and a plan of corrective action implemented.

(e) The organization shall employ or contract for a professional services director who is licensed as a physician or health service professional in psychology and who is not the same person as the chief executive officer. (*Division of Mental Health and Addiction; 440 IAC 6-2-3; filed Dec 11, 1995, 3:00 p.m.: 19 IR 1101; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Jun 10, 2002, 2:32 p.m.: 25 IR 3147*)

440 IAC 6-2-4 Certification

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-21-2-7; IC 12-22-2

Sec. 4. (a) Before commencing services, an applicant for certification as a residential care provider shall file an application with the division. The application shall contain the following:

(1) A description of the organizational structure and mission of the applicant.

(2) A description of services to be provided and how the organization will provide them.

(3) A list of governing board members and executive staff.

(4) Proof of general liability insurance coverage in the minimum amount of five hundred thousand dollars (\$500,000) for

bodily injury and property damage.

(5) A copy of the applicant's procedures to ensure protection of resident rights and confidentiality.

(6) The most recent audit of the residential care provider, which shall be prepared by an independent certified public accountant.

(7) Copies of the current professional health provider license of a board member and the professional services director.

(b) When the division determines that:

(1) an application is satisfactory; and

(2) the applicant has sufficient administrative and financial capacity to fulfill its proposed mission;

the division shall issue certification to the applicant. Certification shall expire twenty-four (24) months after the issuance of the certification or, for an entity that is accredited, ninety (90) days after the expiration of the entity's accreditation. (*Division of Mental Health and Addiction; 440 IAC 6-2-4; filed Dec 11, 1995, 3:00 p.m.: 19 IR 1102; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Jun 10, 2002, 2:32 p.m.: 25 IR 3147*)

440 IAC 6-2-5 Maintenance of certification

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-21-2-7; IC 12-22-2

Sec. 5. Maintenance of certification is dependent upon the following:

(1) The organization shall purchase and maintain general liability insurance in the minimum amount of five hundred thousand dollars (\$500,000) for bodily injury and property damage.

(2) An audit of the financial operations of the organization shall be performed annually by an independent certified public accountant.

(3) The organization shall have written policies and enforce these policies to support and protect the fundamental human, civil, constitutional, and statutory rights of each consumer. The organization shall give a written statement of rights to each consumer, and, in addition, the organization shall document that organization staff provides an oral explanation of these rights to each consumer.

(4) The organization shall maintain compliance with required health, fire, and safety codes as prescribed by federal and state law.

(5) The organization shall comply with federal and state law regarding residential care providers.

(6) The residential care provider shall meet all the requirements regarding the specific facility for which they are certified or licensed.

(*Division of Mental Health and Addiction; 440 IAC 6-2-5; filed Dec 11, 1995, 3:00 p.m.: 19 IR 1102; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Jun 10, 2002, 2:32 p.m.: 25 IR 3148*)

440 IAC 6-2-6 Notification of changes

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-21-2-7; IC 12-22-2

Sec. 6. An organization must notify the division, in writing, of any of the following:

(1) Change in the location of the organization's operational site.

(2) Change in the president or treasurer of the governing board.

(3) Change in the chief executive officer of the organization or professional services director.

(4) Substantial change in the primary program focus.

(5) The initiation of bankruptcy proceedings.

(6) The documented violation of health, fire, or safety codes as prescribed by federal and state law.

(7) The documented violation of the rights of an individual who is a client of the residential provider.

(*Division of Mental Health and Addiction; 440 IAC 6-2-6; filed Dec 11, 1995, 3:00 p.m.: 19 IR 1102; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Jun 10, 2002, 2:32 p.m.: 25 IR 3148*)

440 IAC 6-2-7 Renewal of certification

Authority: IC 12-8-8-4; IC 12-21-2-3
Affected: IC 12-21-2-7; IC 12-22-2

Sec. 7. (a) An organization shall submit a request for recertification, including the following:

- (1) Proof of liability insurance in the amount required by the division.
- (2) Proof of compliance with applicable health, fire, and safety codes as prescribed by federal and state law.
- (3) Copy of the most recent annual audit and the management letter.
- (4) Copies of current professional health provider license of a board member and the professional services director.

(b) The division may require the applicant to resolve any problems identified by the division before the division issues a renewal certificate.

(c) When a request for renewed certification is deemed to be complete by the division and the applicant has taken any action that is deemed necessary by the division, the division shall issue a new certification. The renewed certification shall expire twenty-four (24) months after the issuance of a renewal certification by the division or, for an entity that is accredited, ninety (90) days after the expiration of the entity's accreditation. (*Division of Mental Health and Addiction; 440 IAC 6-2-7; filed Dec 11, 1995, 3:00 p.m.: 19 IR 1103; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Jun 10, 2002, 2:32 p.m.: 25 IR 3148*)

440 IAC 6-2-8 Termination of certification

Authority: IC 12-8-8-4; IC 12-21-2-3
Affected: IC 12-21-2-7; IC 12-22-2

Sec. 8. The division may terminate certification issued under this article upon the division's investigation and determination of the following:

- (1) A substantive change in the operation of the organization.
- (2) Failure to comply with this article.
- (3) That the physical safety of the consumers or staff of the organization is compromised by a physical or sanitary condition of the organization or of a physical facility of the organization.
- (4) Violation of a federal or state statute, rule, or regulation in the course of the operation of the organization or its facilities.

(*Division of Mental Health and Addiction; 440 IAC 6-2-8; filed Dec 11, 1995, 3:00 p.m.: 19 IR 1103; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Jun 10, 2002, 2:32 p.m.: 25 IR 3149*)

440 IAC 6-2-9 Notification of termination

Authority: IC 12-8-8-4; IC 12-21-2-3
Affected: IC 12-21-2-7; IC 12-22-2

Sec. 9. The division shall notify the Indiana department of administration that the organization's certification has been terminated so that any other state agency having a contract with the organization may be notified of the division's termination of the organization's certification. (*Division of Mental Health and Addiction; 440 IAC 6-2-9; filed Dec 11, 1995, 3:00 p.m.: 19 IR 1103; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235; filed Jun 10, 2002, 2:32 p.m.: 25 IR 3149*)

440 IAC 6-2-10 Transfer of certification

Authority: IC 12-8-8-4; IC 12-21-2-3
Affected: IC 12-21-2-7; IC 12-22-2

Sec. 10. A organization may not transfer its certification to another entity. (*Division of Mental Health and Addiction; 440 IAC 6-2-10; filed Dec 11, 1995, 3:00 p.m.: 19 IR 1103; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235*)

ARTICLE 7. RESIDENTIAL LIVING PROGRAMS FOR INDIVIDUALS WITH PSYCHIATRIC DISORDERS OR ADDICTIONS (REPEALED)

(*Repealed by Division of Mental Health and Addiction; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3145*)

ARTICLE 7.5. RESIDENTIAL LIVING FACILITIES FOR INDIVIDUALS WITH PSYCHIATRIC DISORDERS OR ADDICTIONS

Rule 1. Definitions

440 IAC 7.5-1-1 Definitions

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-7-2-40.6; IC 12-17.4; IC 12-21-2-3; IC 12-21-2-7; IC 12-22-2-3; IC 12-23-17; IC 12-24-12-2; IC 12-24-12-10; IC 12-24-19-2; IC 12-26; IC 16-36-1; IC 23-17; IC 30-5-5-16; 42 U.S.C. 300x-2(c)

Sec. 1. The following definitions apply throughout this article:

- (1) "Addiction" means alcoholism or addiction to narcotic or other drugs, or addiction to gambling.
- (2) "Addiction services provider" means an organization certified by the division to provide a structured facility designed for the treatment, care, and rehabilitation of individuals addicted to alcohol or drugs.
- (3) "Agency" means:
 - (A) a community mental health center certified by the division under 440 IAC 4.1;
 - (B) a managed care provider certified by the division under 440 IAC 4.3;
 - (C) a residential care provider certified by the division under 440 IAC 6; or
 - (D) an addiction services provider with regular certification certified by the division under 440 IAC 4.4-2-3 that administers a residential living facility.
- (4) "Alternative family for adults program" means a program that serves six (6) or fewer individuals who have a psychiatric disorder or addiction, or both, and who reside with an unrelated householder.
- (5) "Apartment house" means any building or portion thereof that contains three (3) or more dwelling units and includes condominiums.
- (6) "Case management" means goal oriented activities that locate, facilitate, provide access to, coordinate, or monitor the full range of basic human needs, treatment, and service resources for individual consumers. The term includes, where necessary and appropriate for the consumer, the following:
 - (A) Assessment of the consumer.
 - (B) Treatment planning.
 - (C) Crisis assistance.
 - (D) Providing access to and training the consumers to utilize basic community resources.
 - (E) Assistance in daily living.
 - (F) Assistance for the consumer to obtain services necessary for meeting basic human needs.
 - (G) Monitoring of the overall delivery of services.
 - (H) Assistance in obtaining the following:
 - (i) Rehabilitation services and vocational opportunities.
 - (ii) Respite care.
 - (iii) Transportation.
 - (iv) Education services.
 - (v) Health supplies and prescriptions.
- (7) "Case manager" means an individual who provides case management activities.
- (8) "Community mental health center" means a mental health facility that the division has certified as fulfilling the statutory and regulatory requirements to be a community mental health center.
- (9) "Congregate living facility" means a supervised group living facility, a sub-acute living facility, a transitional living facility, or a semi-independent living facility for up to fifteen (15) individuals that is located in any building or portion thereof that contains facilities for living, sleeping, and sanitation, and includes facilities for eating and cooking, for occupancy by other than a family.
- (10) "Consumer" is an individual with a psychiatric disorder or addiction, or both.
- (11) "Continuum of care" means a range of required services provided by a community mental health center or a managed care provider. The term includes the following:

- (A) Individualized treatment planning to increase consumer coping skills and symptom management, which may include any combination of services listed under this section.
 - (B) Twenty-four (24) hour a day crisis intervention.
 - (C) Case management to fulfill individual consumer needs, including assertive case management when indicated.
 - (D) Outpatient services, including the following:
 - (i) Intensive outpatient services.
 - (ii) Substance abuse services.
 - (iii) Counseling.
 - (iv) Treatment.
 - (E) Acute stabilization services, including detoxification services.
 - (F) Residential services.
 - (G) Day treatment.
 - (H) Family support services.
 - (I) Medication evaluation and monitoring.
 - (J) Services to prevent unnecessary and inappropriate treatment and hospitalization and the deprivation of a person's liberty.
- (12) "Crisis intervention" means services in response to a psychiatric disorder or addiction emergency, either provided directly by the provider or made available by arrangement with a medical facility or an individual physician licensed under Indiana law.
- (13) "Division" means the Indiana division of mental health and addiction or its duly authorized agent.
- (14) "Dwelling unit" means any building or portion thereof that contains living facilities, including provisions for sleeping, eating, cooking, and sanitation for not more than one (1) family.
- (15) "Evacuation capability" means the ability of the occupants, residents, and staff, as a group, to evacuate the building. Evacuation capability is classified as follows:
- (A) Prompt evacuation capability is equivalent to the capability of the general population when applying the requirements of this article.
 - (B) Slow evacuation is the capability of the group to evacuate the building in a timely manner, with some of the residents requiring assistance from the staff.
 - (C) Impractical evacuation capability occurs when the group, even with staff assistance, cannot reliably evacuate the building in a timely manner.
- The evacuation capability of the residents and staff is a function of both the ability of the residents to evacuate and the assistance provided by the staff. Evacuation capability in all cases is based on the time of day or night when evacuation would be most difficult, that is, sleeping residents, loss of power, severe weather or fewer staff present.
- (16) "Family" means an individual or two (2) or more persons related by blood or marriage or a group of ten (10) or less persons who need not be related by blood or marriage living together in a single dwelling unit.
- (17) "Gatekeeper" means an agency identified in IC 12-24-12-2 or IC 12-24-12-10 that is actively involved in the evaluation and planning of treatment for an individual committed to a state institution beginning after the commitment through the planning of the individual's transition back into the community, including case management services for the individual in the community.
- (18) "Household member" means any person living in the same physical residence as a consumer living in a residential living facility licensed or certified under this rule.
- (19) "Householder" means the occupant owner or leaseholder of the residence used in the alternative family program.
- (20) "Individualized treatment plan" means a written plan of care and intervention developed for an individual by a treatment team in collaboration with the individual and, when appropriate, the individual's family or guardian.
- (21) "Legal representative" means:
- (A) a health care representative appointed under IC 16-36-1;
 - (B) an attorney-in-fact for health care who was appointed by the resident when the resident was competent under IC 30-5-5-16;
 - (C) a court appointed guardian for health care decisions; or
 - (D) the resident's parent, adult sibling, adult child, or spouse who is acting as the resident's health care representative

under IC 16-36-1 when no formal appointment of a health care representative has been made and the resident is unable to make health care decisions.

(22) "Managed care provider" means an organization:

(A) that:

- (i) for mental health services, is defined under 42 U.S.C. 300x-2(c);
- (ii) provides addiction services; or
- (iii) provides children's mental health services;

(B) that has entered into a provider agreement with the division under IC 12-21-2-7 to provide a continuum of care as defined in IC 12-7-2-40.6 in the least restrictive, most appropriate setting; and

(C) that is operated by at least one (1) of the following:

- (i) A city, town, county, or other political subdivision of Indiana.
- (ii) An agency of Indiana or of the United States.
- (iii) A political subdivision of another state.
- (iv) A hospital owned or operated by:
 - (AA) a unit of government; or
 - (BB) a building authority that is organized for the purpose of constructing facilities to be leased to units of government.
- (v) A corporation incorporated under IC 23-7-1.1 (before its repeal August 1, 1991) or IC 23-17.
- (vi) An organization that is exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code.
- (vii) A university or college.

(23) "Psychiatric disorder" means a mental disorder or disease. The term does not include the following:

- (A) Mental retardation.
- (B) A developmental disability.
- (C) Alcoholism.
- (D) Addiction to narcotic or other drugs.
- (E) Addiction to gambling.

(24) "Representative payee" means a person appointed by:

- (A) the United States Social Security Administration;
- (B) the United States Office of Personnel Management;
- (C) the United States Department of Veterans Affairs; or
- (D) the United States Railroad Retirement Board;

to provide one (1) or more financial management services, in order to assist an individual who is receiving government benefits and is medically incapable of making responsible financial decisions.

(25) "Resident" means an individual who is living in a residential living facility.

(26) "Resident living allowance" is a sum of money paid to a consumer when that consumer's personal resources are not adequate to maintain the consumer in a therapeutic living environment.

(27) "Residential care provider" means a provider of residential care that has been certified by the division as one (1) of the following:

- (A) A community mental health center.
- (B) A managed care provider.
- (C) A residential care provider.
- (D) An addiction services provider with regular certification.

(28) "Residential director" means an individual whose primary responsibility is to administer and operate the residential facility.

(29) "Residential living facility" means:

- (A) sub-acute stabilization facility;
- (B) supervised group living facility;
- (C) transitional residential services facility;
- (D) semi-independent living facility defined under IC 12-22-2-3; and

DIVISION OF MENTAL HEALTH AND ADDICTION

- (E) alternative family homes operated solely by resident householders under this rule.
- (30) “Residential staff” or “staff” means all individuals who the agency employs or with whom the agency contracts to provide direct services to the residents in the residential living facility.
- (31) “Respite care” means temporary residential care to provide:
- (A) relief for a caregiver; or
 - (B) transition during a stressful situation.
- (32) “Semi-independent living facility” means a facility:
- (A) that is not licensed by another state agency and serves six (6) or fewer individuals with a psychiatric disorder or an addiction, or both, per residence who require only limited supervision; and
 - (B) in which the agency or its subcontractor:
 - (i) provides a resident living allowance to the resident; or
 - (ii) owns, leases, or manages the residence.
- (33) “Sub-acute stabilization facility” means a twenty-four (24) hour facility for the treatment of psychiatric disorders or addictions, and which is more restrictive than a supervised group living facility and less restrictive than an inpatient facility.
- (34) “Supervised group living facility” means a residential facility that provides a therapeutic environment in a home-like setting to persons with a psychiatric disorder or addiction who need the benefits of a group living arrangement as post-psychiatric hospitalization intervention or as an alternative to hospitalization.
- (35) “Therapeutic living environment” means a living environment:
- (A) in which the staff and other residents contribute to the habilitation and rehabilitation of the resident; and
 - (B) that presents no physical or social impediments to the habilitation and rehabilitation of the resident.
- (36) “Transitional residential facility” means a twenty-four (24) hour per day service that provides food, shelter, and other support services to individuals with a psychiatric disorder or addiction who are in need of a short term supportive residential environment.
- (37) “Treatment team” minimally consists of the following:
- (A) The resident.
 - (B) The resident’s case manager.
 - (C) The appropriate staff of the residential facility.
 - (D) Persons from other agencies who design and provide a direct treatment service for the resident.
 - (E) If the resident has a legal representative, the team shall include the legal representative.

(Division of Mental Health and Addiction; 440 IAC 7.5-1-1; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3127)

Rule 2. Requirements for All Residential Living Facilities in This Article

440 IAC 7.5-2-1 General overview

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-7-2-70; IC 12-17.4-3; IC 12-20-17-2; IC 12-22-2-3; IC 12-22-2-11; IC 12-30-3; IC 16-28

Sec. 1. The following is a general overview of the requirements for residential facilities under this article:

ISSUE	CMHCs and MCPs ONLY		ALL AGENCIES		
	SILP MCP/CMHC	AFA MCP/CMHC	TRS All Agency	SGL All DMH	SUB-ACUTE All DMH
Covers/affects	MCP/CMHC	MCP/CMHC	Agency	DMH	DMH
Licensed/cert. by	Agency	Agency	24 mos.	3 years	3 years
Certification time	24 months	24 months	15/less No-16+ Yes	Yes	Yes
Site accredited	No	No	Max. 15 (can be waived)	10 single family 15 apt./congregate	Minimum 4 Maximum 15 (can be waived)
Beds	Maximum 6 Per residence	Max. 6 per householder	No	No	Yes
Locked egress allowed	No	No	No	Yes	Yes
Floor plan	No	No	No	Yes	Yes

DIVISION OF MENTAL HEALTH AND ADDICTION

Space per consumer	80' single 60' multiple	80' single 60' multiple/2	80' single 60' multiple	80' single 60' multiple	80' single 60' multiple
Children of residents allowed?	Yes	Yes	Yes	Yes	No
Plumbing	4 per toilet 6 per tub/shower	4 per toilet 6 per tub/shower	4 per toilet 6 per tub/shower	4 per toilet 6 per tub/shower	4 per toilet 6 per tub/shower
Setting—House	Yes	Yes	Yes	Yes	Yes
Apartment	Yes	Yes	Yes	Yes	No
Congregate	Yes	No	Yes	Yes	Yes
Mobile Home	No unless waiver	No unless waiver	No	No	No
Fire/safety Inspections by	Local	Local, 4+, SFM	15/less Local with waiver, 16+ SFM	State Fire Marshal	State Fire Marshal
PROGRAM					
Minimum oversight	1 hour per week	2 hours per month	Less than 24 hours	24 hours	24 hours
Residential living Allowance allowed	Yes	Yes	Yes	Yes	No
Length of stay limit	No	No	No	No	Up to 1 year
Medication rules	Yes	Yes	Yes	Yes	Yes
TB test—resident	Yes	Yes	Yes	Yes	Yes
Seclusion	No	No	No	No	Yes
Restraint—Chemical	No	No	No	No	No
Physical	No	No	No	No	Yes

Applies to both seriously mentally ill adults and persons with chronic addiction. (*Division of Mental Health and Addiction; 440 IAC 7.5-2-1; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3129*)

440 IAC 7.5-2-2 Application of article

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-7-2-70; IC 12-17.4-3; IC 12-20-17-2; IC 12-22-2-3; IC 12-22-2-11; IC 12-30-3; IC 16-28

Sec. 2. (a) This rule applies to the following:

(1) Providers of residential living facilities, including:

(A) agencies; and

(B) alternative family householders.

(2) Residents of residential living facilities for individuals with psychiatric disorders or addictions.

(3) Children living with a resident in a residential facility.

(b) Residential living facilities include the following:

(1) The sub-acute stabilization facility.

(2) The supervised group living facility.

(3) The transitional residential facility.

(4) The semi-independent living facility.

(5) The alternative family for adults program.

(c) Certification under this article is not required if the facility is certified or licensed as one (1) of the following:

(1) A health facility licensed under IC 16-28.

(2) A county home established under IC 12-30.

(3) A residential child care establishment licensed under IC 12-17.4.

(4) Residential care facility licensed under IC 16-28.

(5) Shelters for homeless people established under IC 12-20-17-2.

(6) Domestic violence prevention and treatment centers as defined at IC 12-7-2-70.

(d) Residential living facilities must do the following:

- (1) Provide appropriate supervision and activities that assist the resident in maintaining or acquiring skills necessary to live in the community.
- (2) Assist the resident in identifying and applying for all benefits and public assistance for which the resident may be determined eligible.

(Division of Mental Health and Addiction; 440 IAC 7.5-2-2; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3130)

440 IAC 7.5-2-3 Administration

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-22-2-3; IC 16-39; 42 CFR 2

Sec. 3. (a) Residential living facilities under this article must be administered by an agency certified by the division as a community mental health center, a managed care provider, a residential care provider, or an addiction services provider with a regular certification.

(b) The agency shall have a written facility description that must be available to staff, residents, and members of the public. The description must include the following:

- (1) Services offered by the facility.
- (2) The resident populations to be served.
- (3) Admissions, transfer, and discharge criteria.
- (4) Facility goals, including staffing positions to accomplish these goals, and community resources that will be utilized to meet the residents' needs.
- (5) Facility philosophy and treatment orientation.

(c) The agency is responsible for maintaining the administrative and supervisory structure required to provide and oversee residential living facilities.

(d) When an agency subcontracts with another entity to operate a facility, the subcontractor must meet the requirements of this article.

(e) A managed care provider or community mental health center must notify the division prior to the implementation of the contract when it subcontracts with another entity.

(f) Resident records are confidential under IC 16-39 and 42 CFR 2 and are the property of the agency or entity responsible for a resident's care.

(g) The division has the right to conduct an on-site inspection of any of the residential facilities described in this article.
(Division of Mental Health and Addiction; 440 IAC 7.5-2-3; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3131)

440 IAC 7.5-2-4 Reporting

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-22-2-3

Sec. 4. (a) The agency must notify the division prior to operating, building, or purchasing a facility that must be licensed or certified by the division under this article.

(b) The agency must notify the division regarding the following changes prior to making such changes:

- (1) Proposed change in ownership.
 - (2) Proposed major changes in services offered, including the proposed closing of a facility.
- (c) The agency shall report any of the following incidents to the division within one (1) working day:
- (1) Any fire requiring a local fire department response.
 - (2) Any emergency rendering the residence temporarily or permanently uninhabitable.
 - (3) Any serious injury of a resident or household member requiring professional medical attention.
 - (4) A suicide attempt by a resident or household member.
 - (5) Any incident involving the resident or a household member requiring local police response.
 - (6) Suspected or alleged exploitation, neglect, or abuse of a resident or household member.
 - (7) The death of a resident or household member.

(d) If the division determines the reported allegations warrant an investigation, the division may conduct an investigation. The agency must fully cooperate with any investigation by the division or its agents.

(e) The division may make an on-site inspection of any residential facility certified or licensed under this article, including those facilities of subcontractors, at any time.

(f) The division may suspend the agency's license or certification for up to ninety (90) days if an agency fails to report one (1) of the events listed in subsection (c). Consequences of license suspension include the prohibition of new resident placement during the suspension. (*Division of Mental Health and Addiction; 440 IAC 7.5-2-4; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3131*)

440 IAC 7.5-2-5 Admissions

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-22-2-3

Sec. 5. (a) The agency must have written policies and procedures that govern admissions in a residential living facility.

(b) The agency must assure that the services required by the individual's treatment plan can be appropriately provided by the facility or by contractual agreement.

(c) There shall be an orientation procedure for the resident that:

(1) specifies the arrangements and charges for housing, food, and professional services; and

(2) includes a written copy of the facility's statement of rules, resident rights and responsibilities, confidentiality, grievance procedures, and termination policy.

(d) Written documentation must be maintained in the resident's file that an explanation of the resident rights and responsibilities have been presented to the individual resident and that the resident understands these rights. (*Division of Mental Health and Addiction; 440 IAC 7.5-2-5; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3131*)

440 IAC 7.5-2-6 Resident rights and responsibilities

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-21-2-3; IC 12-27; IC 16-39-2; 42 CFR 2

Sec. 6. (a) The agency shall have and enforce written policies regarding the rights and responsibilities of residents under IC 12-27 and this article.

(b) In addition to the rights and responsibilities listed in IC 12-27, the agency shall ensure that each resident:

(1) is in a safe environment and is free from abuse and neglect;

(2) is treated with consideration, respect, and full recognition of the resident's dignity and individuality;

(3) is free to communicate, associate, and meet privately with persons of the resident's choice unless:

(A) it infringes on the rights of another resident; or

(B) the restriction of this right is a part of the resident's individual treatment plan;

(4) has the right to confidentiality concerning personal information under IC 16-39-2 and 42 CFR 2;

(5) is free to voice grievances and to recommend changes in the policies and services offered by the agency;

(6) is not required to participate in research projects;

(7) has the right to manage personal financial affairs or to seek assistance in managing them unless the resident has a representative payee or a court appointed guardian for financial matters;

(8) shall be informed about available legal and advocacy services, and may contact or consult legal counsel at the resident's own expense; and

(9) shall be informed of the division's toll free consumer service number.

(c) The division's toll free consumer service number shall be posted in a room used by all consumers in all supervised group living facilities, sub-acute facilities, and transitional residential facilities.

(d) The resident rights and responsibilities shall be reviewed with the consumer annually.

(e) The privacy of each resident shall be respected to the maximum extent feasible and shall, at a minimum, meet the following:

(1) Private space is available for conducting:

(A) intakes;

- (B) assessments;
- (C) individual, family, and, when provided, group counseling; and
- (D) resident meetings.

(2) The agency shall establish written policies and procedures that specify how consumer privacy is maintained with regard to visitors and other nonfacility personnel.

(f) The agency shall assure that residents are paid in accordance with federal and state laws and regulations for all work that is of consequential economic benefit to the agency, except the following:

(1) Personal housekeeping tasks related directly to the resident's personal space and possessions.

(2) Shared responsibilities for regular household chores among a group of residents.

(g) Each resident is expected to do the following:

(1) Make every effort to respect and care for themselves, their clothing, and personal belongings.

(2) Respect the rights of the other residents and residential staff.

(3) Respect the personal belongings of other residents, as well as the property of the facility.

(4) Contribute to and participate in the formulation of their own treatment plans and work toward attaining treatment goals.

(5) Respect the privacy and confidentiality of other consumers.

(6) Adhere to the facility's rules presented to the resident in the resident orientation procedure.

(7) An adult consumer shall apply for all benefits and public assistance for which the consumer may be determined eligible as a condition of participation in a residential living facility.

(Division of Mental Health and Addiction; 440 IAC 7.5-2-6; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3132)

440 IAC 7.5-2-7 Resident finances

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-21-2-3; IC 12-22-2-3

Sec. 7. Each agency shall develop and implement written policies and procedures to protect the financial interests of the residents. These policies and procedures shall:

(1) provide financial counseling and training to all residents as needed;

(2) allow a resident's personal funds to be used to secure incidentals and personal and special need items;

(3) encourage residents to maintain savings and checking accounts in community financial institutions;

(4) enable residents to have their own money in their possession, unless the resident has a representative payee, a guardian for financial purposes, or the resident requests assistance in writing from the residential staff;

(5) establish specific policies regarding the agency acting as representative payee for the resident, including meeting the fiduciary duty owed to a resident by a representative payee;

(6) establish an accounting system and maintain a complete record of the disbursements and items purchased for the resident when a resident's funds are disbursed by the agency on behalf of the resident;

(7) provide that the financial record shall be available to the resident or to the resident's legal representative; and

(8) provide that staff persons shall not borrow or accept money or any thing of value from a resident.

(Division of Mental Health and Addiction; 440 IAC 7.5-2-7; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3132)

440 IAC 7.5-2-8 Resident health and treatment

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-21-2-3; IC 12-22-2

Sec. 8. (a) An individualized treatment plan shall be developed and followed for each resident.

(1) The treatment team, with the active participation of the resident, shall design and implement a written, comprehensive individualized treatment plan in collaboration with the case manager and under the direction of the agency.

(A) A preliminary plan or a referral application indicating the desired treatment objectives must be completed prior to placement.

(B) A fully developed individual treatment plan shall be completed within the first thirty (30) days of enrollment.

(2) The individual treatment plan shall be reviewed at least every ninety (90) days.

(b) Each person admitted to a residential facility shall have written evidence of the following:

(1) The resident has had a physical examination:

- (A) not more than six (6) months prior to admission; or
- (B) within three (3) months after admission.

(2) A tuberculin skin test shall be completed and read within three (3) months prior to admission. If the individual has not had the tuberculin skin test within three (3) months prior to admission, the person may be admitted to the facility, but must have the test upon admission and it must be read within seventy-two (72) hours after the administration of the test.

(c) The agency must assist the resident to obtain medical and dental care.

(1) The facility shall have a written plan that outlines the procedures used to access and treat dental, pharmacological, optometric, audiological, psychiatric, and general medical care needs of residents, including at least an annual physical and dental exam.

(2) The plan shall include the following:

- (A) Procedures for evaluating the resident's needs.
- (B) Referral to appropriate health care providers, including choice of private practitioners.
- (C) Assistance in obtaining insurance or other aid for the payment of fees for medical and dental services.
- (D) Methods of training each resident to monitor the resident's own personal health, hygiene, and dental conditions.

(d) The agency shall have a written plan outlining procedures in cases of emergency or illness of staff, residents, or household member.

(e) Each resident shall be instructed in how to access physical emergency services and the agency's clinical emergency services. (*Division of Mental Health and Addiction; 440 IAC 7.5-2-8; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3133*)

440 IAC 7.5-2-9 Medication

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-22-2

Sec. 9. (a) Agencies having residential living facilities shall establish and enforce written policies and procedures for the self-administration and monitoring of medication for residents.

(b) The written medication policies shall include the following:

(1) How the goal of self-medication for residents is to be achieved.

(2) For residents who are totally self-medicating, the agency must have a procedure for:

- (A) monitoring the resident's use of medication;
- (B) ensuring adequate supplies; and
- (C) providing safe storage of medication.

(3) When assistance is required by the resident:

- (A) how residents who need assistance with medication will receive it;
- (B) how the agency will store medications for the residents; and
- (C) how the agency will dispose of medications no longer needed or remaining after any expiration date.

(4) How monitoring will be implemented.

(5) What documentation is required regarding medication.

(c) The policies and procedures established in this section shall be:

- (1) developed in consultation with a nurse, pharmacist, or physician; and
- (2) approved by the agency.

(d) Each residential facility shall administer or monitor prescription medications with the direction of a physician.

Nonprescription drugs as needed may be used by an adult resident unless the resident's physician specifies otherwise.

(e) Only staff who are authorized to administer medication under state law and in accordance with the requirements of the accrediting body may administer medication.

(f) The facility shall train all staff and householders about the following:

- (1) Medications used by their residents.
- (2) The purposes and functions of the medications.
- (3) Major side effects and contraindications.

- (4) Recognition of signs that medication is:
 - (A) not being taken;
 - (B) being misused; or
 - (C) ineffective.

(Division of Mental Health and Addiction; 440 IAC 7.5-2-9; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3133)

440 IAC 7.5-2-10 Nutrition

Authority: IC 12-8-8-4; IC 12-21-2-3
Affected: IC 12-22-2

Sec. 10. (a) The agency or its subcontractor shall develop and implement written policies and procedures for staff and for residents who require training regarding more independence for the resident in the following:

- (1) Basic nutrition.
- (2) Meal planning.
- (3) Food purchasing and preparation.
- (4) Food storage.
- (5) Dish washing.
- (6) Sanitation.
- (7) Safety.

(b) In supervised group living facilities, transitional residential facilities, sub-acute facilities, and alternative families for adults, at least three (3) well-balanced meals shall be available for each day, with the exception that residents shall be encouraged to dine out occasionally, or to carry sack lunches for the periods of time when they are away from the facility.

(c) Deprivation of a meal or snack shall not be used as punishment for the infraction of a house rule or failure of the resident to carry out an aspect of the resident's treatment plan. *(Division of Mental Health and Addiction; 440 IAC 7.5-2-10; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3134)*

440 IAC 7.5-2-11 Environment

Authority: IC 12-8-8-4; IC 12-21-2-3
Affected: IC 12-21-2-3; IC 12-22-2-3

Sec. 11. (a) The location of the residence shall provide opportunities for the resident to participate in community activities and have independent access to community services. The residence shall be:

- (1) reasonably accessible to the agency as well as to medical, recreational, and shopping areas, by public or agency-arranged transportation; and
- (2) located in a suitable residential setting, and the location, design, construction, and furnishings of each residence shall be:
 - (A) appropriate to the type of facility;
 - (B) as homelike as possible; and
 - (C) conducive to the achievement of optimal development by the residents.

(b) Except for sub-acute facilities, the residential facility shall not erect any sign that might set the facility apart from other residences in the area.

(c) The agency shall avoid the creation of nontherapeutic concentrations of residential facilities in any given area, including residential facilities not administered by this agency.

(d) Each facility shall have a policy concerning pets. Pets may be permitted in a facility but shall not be allowed to create a nuisance or safety hazard. Any pet housed in a facility shall have periodic veterinary examinations and required immunizations in accordance with state and local health regulations. *(Division of Mental Health and Addiction; 440 IAC 7.5-2-11; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3134)*

440 IAC 7.5-2-12 Physical requirements

Authority: IC 12-8-8-4; IC 12-21-2-3
Affected: IC 12-21-2-3; IC 12-22-2-3

Sec. 12. (a) The living area shall meet the following requirements:

(1) The residence must be in good repair and free of hazards, such as the following:

- (A) Loose or broken window glass.
- (B) Loose or cracked floor coverings or ceilings.
- (C) Holes in the walls.

(2) The residence must be kept free from flying insects by screens on all functional outside windows and doors or by other effective means.

(3) The resident's bedroom shall have at least one (1) window capable of being fully opened for escape and rescue purposes, and proper ventilation.

(b) The residence shall be clean, neat and orderly. The agency or its subcontractor shall ensure that the resident maintains cleanliness of the residence.

(c) The agency or its subcontractor shall provide for the comfort and safety of all occupants.

(d) All rooms used for eating, sleeping, and living shall be provided with adequate light and ventilation by means of windows as needed for safety purposes.

(e) The following shall not be used as a residence unless the division grants a waiver:

- (1) Basement rooms or rooms below grade level.
- (2) Attics and other areas originally intended for storage.
- (3) Sleeping rooms in resident hotels or motels.

(f) The division shall not grant a waiver unless the illumination, ventilation, temperature, and humidity control provide the same level of comfort as rooms not requiring a waiver, and if the room is below grade, or an attic or other area originally intended for storage, at least one (1) direct exit to the outside must be provided.

(g) Bedrooms shall not be located in such a manner as to require the passage of a resident through the bedroom of another resident.

(h) A single occupancy bedroom for an adult must have eighty (80) square feet or more of floor space.

(i) A multiple occupancy bedroom must have sixty (60) square feet or more of floor space for each adult occupant.

(j) There must be at least one (1) toilet and lavatory for every four (4) residents, and one (1) tub or shower for every six (6) residents.

(k) The per person requirements of square footage and bathroom facilities do not apply to the following:

- (1) A consumer with his or her children living with him or her in the facility.
- (2) A sub-acute facility or a transitional residential facility that was given a waiver regarding the maximum number of residents prior to January 1, 2002, and is accredited by an accrediting agency approved by the division. This waiver is not transferable.

(l) Ceiling heights in bedrooms shall be a minimum of seven (7) feet, six (6) inches. If the bedroom has a suspended or sloping ceiling, the specified ceiling heights must be met in all areas used in computation of floor space.

(m) If a private water supply or sewage system is used, the residence shall comply with local regulations regarding sanitation. Evidence of compliance shall be provided by the landlord to the agency, or if the residence is a sub-acute facility or a supervised group living facility, to the division.

(n) There shall be cooking facilities and food storage areas.

(o) The food preparation and serving areas, including the structure, construction, and installation of equipment, shall be in sanitary condition and operating properly. Food storage areas shall be properly refrigerated and protected from contamination. Storage areas for nonfood supplies shall be separate from food storage areas. Appliances, fixtures, and equipment shall be adequate for sanitary washing and drying of dishes.

(p) The facility shall ensure that arrangements are made to allow residents to launder personal items and linens at least weekly. If laundry is done on the premises, equipment must be kept in working order. (*Division of Mental Health and Addiction; 440 IAC 7.5-2-12; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3134*)

440 IAC 7.5-2-13 Safety requirements

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-22-2

Sec. 13. (a) The agency shall have written policies and procedures to ensure resident and staff safety.

(b) The policies and procedures regarding resident and staff safety must be given to all personnel and residents and be made available to others on request.

(c) The agency or its subcontractor shall demonstrate that it has provided each resident, householder, and staff member with life safety equipment as follows:

(1) There shall be an Underwriter's Laboratories approved battery operated smoke detector in good working order on each floor of a residence and in each bedroom unless another type of alarm or detector has been installed by the landlord to comply with a local ordinance.

(2) In the case of the visually impaired resident, the residence shall be equipped with audible life safety devices.

(3) In the case of the hearing impaired resident, the residence shall be equipped with visual life safety devices.

(4) A five (5) pound ABC multipurpose type extinguisher, or the equivalent, shall be located on each floor of the facility.

(5) In a sub-acute facility, a supervised group living facility, or a transitional residential facility, at least one (1) ten (10) pound ABC multipurpose type extinguisher shall be located in the kitchen.

(d) All sprinkler systems, fire hydrants, standpipe systems, fire alarm systems, portable fire extinguishers, smoke and heat detectors, and other fire protective or extinguishing systems or appliances shall be maintained in an operative condition at all times and shall be replaced or repaired where defective.

(e) Each resident, householder, and staff member shall be trained in procedures to be followed in the event of tornado, fire, gas leak, and other threats to life safety.

(f) Use of space heaters and unventilated fuel heaters is prohibited.

(g) Residential living facilities and operations shall conform to all applicable federal, state, or local health and safety codes, including the following:

(1) Fire protection.

(2) Building construction and safety.

(3) Sanitation.

(h) Residential living facilities shall maintain current documentation of compliance with all applicable codes.

(i) Every closet door latch shall be such that it can be opened from the inside in case of emergency.

(j) Every bathroom door shall be designed to permit the opening of the locked door from the outside in an emergency.

(k) For all facilities, except sub-acute facilities, no door in the required path of egress shall be locked, latched, chained, bolted, barred, or otherwise rendered unusable.

(l) A sub-acute facility may be a locked or secure facility, if the facility meets the following requirements:

(1) All locking devices and other fire safety devices shall comply with the rules of the fire prevention and building safety commission.

(2) Exit doors shall be openable from the inside without the use of a key or any special knowledge or effort.

(3) All locking devices shall be of a type approved by the fire prevention and building safety commission.

(m) The administration of the facility shall have a written posted plan for evacuation in case of fire and other emergencies.

(n) For all facilities, except semi-independent living facilities, fire evacuation drills shall be conducted monthly. The shift conducting the drill shall be alternated to include each shift once a quarter. At least one (1) drill each year shall be conducted during sleeping hours. A tornado drill shall be conducted each spring for all staff and residents.

(o) Residents of semi-independent living facilities shall be trained to handle emergency evacuation situations.

(p) Where smoking is permitted, noncombustible safety-type ash trays or receptacles, for example, glass, ceramic, or metal, shall be provided.

(q) All combustible rubbish, oily rags, or waste material, when kept within a building or adjacent to a building, shall be securely stored in metal or metal-lined receptacles equipped with tight fitting covers or in rooms or vaults constructed of noncombustible materials. Dust and grease shall be removed from hoods above stoves and other equipment at least every six (6) months.

(r) No combustibles shall be stored within three (3) feet of furnaces or water heaters.

(s) The facility shall not use any type of solid fuel-burning appliance, except fireplaces.

(t) Fireplace safety requirements shall be as follows:

(1) If the fireplace is used, the chimney flue shall be cleaned annually and a written record of the cleaning retained.

(2) Glass doors, a noncombustible hearth, and grates shall be provided for each fireplace in use.

(3) Ashes from the fireplace shall be disposed of in a noncombustible covered receptacle. The receptacle shall then be placed on the ground and away from any building or combustibles.

(4) Proper fireplace tools shall be provided for each fireplace in use.

(u) The facility shall maintain all fuel-burning appliances in a safe operating condition. There shall be an annual inspection by a qualified inspector of all fuel-burning appliances.

(v) The gas and electric shutoffs shall be labeled and easily accessible in case of emergency. (*Division of Mental Health and Addiction; 440 IAC 7.5-2-13; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3135*)

440 IAC 7.5-2-14 Furnishings

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-21-2-3; IC 12-22-2

Sec. 14. (a) The agency shall furnish and maintain the furnishings in a residence, or they shall assist the resident in acquiring and maintaining furnishings for the residence. The intent is to assure a private residence that is homelike, comfortable, sanitary, and promotes the dignity of the resident.

(1) If the agency elects to furnish the residence, the resident may be required to make a security deposit, sign an inventory, and agree to replace lost or damaged furnishings.

(2) Furnishings shall be in good repair and attractive.

(3) Residents shall be encouraged to purchase and display personal possessions and to enhance a homelike environment with items of their choice.

(4) The facility may not require residents to provide their own furniture. Furniture provided by the residents remains the property of the residents.

(b) Basic furnishings shall include, but are not limited to, the following:

(1) A dresser.

(2) Clothing storage.

(3) Bath towels.

(4) An individual bed that shall be furnished adequately with a clean mattress and clean bedding.

(5) A table and chairs for meals.

(6) A chair or couch.

(7) Lamps as needed.

(8) Adequate dishes, utensils, and cookware.

(c) In a sub-acute facility, a transitional residential facility, or a supervised group living facility, a television and radio shall be provided for the use of the residents who have expressed an interest. Television viewing must not be a substitute for other activities. (*Division of Mental Health and Addiction; 440 IAC 7.5-2-14; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3136*)

Rule 3. Requirements Specific for Managed Care Providers and Community Mental Health Centers

440 IAC 7.5-3-1 Continuum of care

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-21-2-3; IC 12-22-2-3

Sec. 1. A managed care provider or community mental health center that contracts with the division must assure that residential living facilities will function as part of the continuum of care. (*Division of Mental Health and Addiction; 440 IAC 7.5-3-1; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3137*)

440 IAC 7.5-3-2 Case management

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-21-2-3; IC 12-22-2-3

Sec. 2. At the time of admission to the facility and throughout the service period, each resident shall be assigned to a case

manager who is employed by the managed care provider or community mental health center. (*Division of Mental Health and Addiction; 440 IAC 7.5-3-2; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3137*)

440 IAC 7.5-3-3 Resident living allowance

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-21-2-3; IC 12-22-2-3

Sec. 3. (a) Agencies that contract with the division may choose to provide a resident living allowance.

(b) An agency that provides a resident living allowance shall comply with the following:

(1) The resident living allowance shall not exceed five hundred twenty dollars (\$520) per month, except in the first month in which the resident receives the resident living allowance.

(2) A resident is eligible to receive a resident living allowance if:

(A) the resident's income, less the income incentive, is less than two hundred percent (200%) of the federal poverty guideline;

(B) the resident has no more than one thousand five hundred dollars (\$1,500) in liquid assets;

(C) the resident's other personal resources are inadequate to maintain the resident in a therapeutic living environment; and

(D) the allowance is authorized by the individual treatment plan.

(c) The agency may disburse a resident living allowance on behalf of the resident, in compliance with requirements of a representative payee. (*Division of Mental Health and Addiction; 440 IAC 7.5-3-3; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3137*)

440 IAC 7.5-3-4 Calculation of resident living allowance

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-21-2-3; IC 12-22-2-3

Sec. 4. Residents who are eligible to receive a resident living allowance shall have the amount computed by the following method:

(1) Subtract the income incentive from the resident's income and benefits.

(2) Subtract this difference from the resident's allowable expenses. This is the amount of the resident's living allowance, up to the cost of the resident's allowable expenses or the maximum of five hundred twenty dollars (\$520) per month.

(*Division of Mental Health and Addiction; 440 IAC 7.5-3-4; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3137*)

440 IAC 7.5-3-5 Components of the resident's income and assets

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-21-2-3; IC 12-22-2-3

Sec. 5. (a) The following are considered the resident's income for purposes of the resident living allowance:

(1) Wages.

(2) Interest paid on accounts.

(3) Rental income.

(4) Interest or dividends paid on certificates, bonds, or securities.

(5) Cash benefits, including the following:

(A) Insurance payments.

(B) All entitlement programs from state or federal sources.

(C) Pensions from union or other employment.

(D) Routine cash gifts from family or others.

(b) The following are requirements concerning trusts:

(1) Routine distributions from a trust for the use of an individual or on behalf of the individual by the administrator of the trust shall be considered income to the individual.

(2) Lump sum distributions from a trust may be considered liquid assets.

(A) The conditions and terms of trusts shall be disclosed in full by providing a copy of the trust instrument to the agency in order to determine if the assets of the trust shall be available to meet the individual's obligation to pay for the cost of residential services.

(B) All distributions from the trust shall be reported to the agency by the trustee to determine if the distributions have created income or assets for purposes of this rule.

(c) The following are considered liquid assets for purposes of the resident living allowance program:

(1) The excess of life insurance policies with a cash surrender value of more than three thousand dollars (\$3,000).

(2) Savings accounts.

(3) Checking accounts.

(4) Certificates of deposit.

(5) Securities.

(6) Bonds.

(7) The contents of safety deposit boxes held in the name of the individual, or in common, or jointly with others.

(d) Assets shall be valued at their current market value.

(e) Unless otherwise demonstrated, jointly held assets shall be equally prorated among all named owners. (*Division of Mental Health and Addiction; 440 IAC 7.5-3-5; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3137*)

440 IAC 7.5-3-6 Income incentive

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-21-2-3; IC 12-22-2-3

Sec. 6. Under the income incentive, the first sixteen dollars (\$16) plus fifty percent (50%) of all wages over sixteen dollars (\$16) earned during the month is not counted as income for purposes of figuring the resident living allowance. (*Division of Mental Health and Addiction; 440 IAC 7.5-3-6; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3138*)

440 IAC 7.5-3-7 Allowable expenses

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-21-2-3; IC 12-22-2-3

Sec. 7. (a) Allowable expenses for purposes of figuring the resident living allowance include the following:

(1) Rent for the certified residence.

(2) Utilities.

(3) Telephone; long distance charges related to the individual's treatment plan shall be included as an allowable expense.

(4) Household expenses, including the following:

(A) Food.

(B) Meals eaten out.

(C) Household cleaning supplies.

(D) Laundry supplies.

(5) Transportation to and from programs and activities specified in the individual's treatment plan.

(6) Medical insurance for non-Medicaid eligible individuals.

(7) Insurance as required by court order or state statute.

(8) Medical, dental, pharmacological, optometric, and audiological expenses that:

(A) are essential to maintain or increase the level of independent functioning of the resident; and

(B) cannot be paid for through:

(i) Medicaid;

(ii) Medicare;

(iii) private health insurance; or

(iv) other resources.

(9) Personal care expenses, including:

(A) clothing;

- (B) hair care;
- (C) personal hygiene supplies; and
- (D) other items that are essential to the resident's participation in the program.

(10) Current psychiatric, rehabilitative, or habilitative services, including residential supervision and case management, specified in the individualized treatment plan.

(11) Start up costs, including residence and utility deposits or purchase of basic furnishings specified in this article.

(12) Court ordered child support payments may be included upon demonstration to the agency of the nature and amount of the payment.

(13) Monthly deposit in an emergency fund.

(b) For rent, utilities, and telephone, the individual's share shall be determined by equitably prorating monthly rent among all occupants, excluding the minor dependents of those occupants who are also living in the residence. (*Division of Mental Health and Addiction; 440 IAC 7.5-3-7; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3138*)

440 IAC 7.5-3-8 Emergency fund

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-21-2-3; IC 12-22-2-3

Sec. 8. (a) In addition to the one thousand five hundred dollars (\$1,500) in liquid assets allowed the resident receiving a resident living allowance, the agency may establish an emergency fund of not more than one thousand five hundred dollars (\$1,500) for each individual to provide money for unexpected or unusual costs associated with assuring the maintenance of the person in the program.

(b) The individual's use of this fund must be for a specific item or service, and the purpose shall be reviewed and approved by the individual's treatment team. (*Division of Mental Health and Addiction; 440 IAC 7.5-3-8; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3138*)

Rule 4. Sub-Acute and Supervised Group Living Facilities

440 IAC 7.5-4-1 Application

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-22-2-3; IC 12-22-2-11; IC 12-28-4

Sec. 1. All agencies that operate a facility or that holds itself out as operating a sub-acute stabilization facility described in IC 12-22-2-3(1) or a supervised group living facility described in IC 12-22-2-3(2) shall be subject to this rule. (*Division of Mental Health and Addiction; 440 IAC 7.5-4-1; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3139*)

440 IAC 7.5-4-2 Certification required

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-22-2-3; IC 12-22-2-11; IC 12-28-4

Sec. 2. A sub-acute facility or a supervised group living facility must be certified by the division in order to operate. (*Division of Mental Health and Addiction; 440 IAC 7.5-4-2; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3139*)

440 IAC 7.5-4-3 Transfer of certification

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-22-2-3; IC 12-22-2-11; IC 12-28-4

Sec. 3. A facility certified under this article may not transfer its certification to another facility site or to another legal entity. (*Division of Mental Health and Addiction; 440 IAC 7.5-4-3; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3139*)

440 IAC 7.5-4-4 Certification procedure

Authority: IC 12-8-8-4; IC 12-21-2-3
Affected: IC 12-22-2-3; IC 12-22-2-11; IC 12-28-4

Sec. 4. (a) An application for the certification of a sub-acute facility or a supervised group living facility shall be submitted to the division in the following circumstances:

- (1) The agency intends to operate a facility.
- (2) The agency with an existing certification proposes to change the type of service or type of facility.
- (3) A facility has changed ownership or management.
- (b) The applicant shall file the following:
 - (1) A statement that the agency is applying to be a residential care provider.
 - (2) A residential care provider application.
 - (3) A statement that the agency applying for certification is a community mental health center, a managed care provider, or an addiction services provider with regular certification.
 - (4) A certificate from the local zoning authority to occupy and operate a sub-acute facility or supervised group living facility on the site.
 - (5) A plan of operation, which shall include the following:
 - (A) A description of the facility and its location, including floor plans.
 - (B) Corporate or partnership structure of the agency.
 - (C) The provision of the following:
 - (i) Twenty-four (24) hour supervision.
 - (ii) Services provided under the supervision of a physician licensed to practice medicine in Indiana.
 - (iii) Sufficient staffing to carry out treatment plans and provide consumer and staff safety.
 - (D) A facility description, as required at 440 IAC 7.5-2-3.
 - (6) Information verified by the state fire marshal indicating whether the facility's operation is in compliance with the applicable fire and life safety standards set forth in 440 IAC 7.5-8, 440 IAC 7.5-9, or 440 IAC 7.5-10.
 - (7) The complete accreditation report by an accrediting body approved by the division.
 - (c) The division shall approve the certification of a facility under this rule if the division determines that the facility meets the requirements in this article.

(d) The certification shall expire ninety (90) days after the expiration of the agency's accreditation. *(Division of Mental Health and Addiction; 440 IAC 7.5-4-4; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3139)*

440 IAC 7.5-4-5 Facility closure

Authority: IC 12-8-8-4; IC 12-21-2-3
Affected: IC 12-21-2-3; IC 12-22-2

Sec. 5. (a) The agency must initiate a new application for certification in the following circumstances:

- (1) Relocation of the residents to a new facility.
- (2) Reopening a closed sub-acute or supervised group living facility.
- (b) The applicant shall notify the division and any agency with the responsibility to place residents, in writing, ninety (90) days in advance of closure, except where the sub-acute facility is closed or no longer able to house the residents due to an emergency or due to final action by the division revoking or denying renewal of the certificate.

(c) When there is an emergency so severe as to render a sub-acute facility or supervised group living facility uninhabitable, evacuation of the residents shall take place immediately and notice shall be given by telephone to any agency responsible for the placement of residents immediately and to the division no later than the first business day following the day of the emergency. *(Division of Mental Health and Addiction; 440 IAC 7.5-4-5; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3139)*

440 IAC 7.5-4-6 Revocation of certification

Authority: IC 12-8-8-4; IC 12-21-2-3
Affected: IC 12-22-2-3; IC 12-22-2-11; IC 12-28-4

Sec. 6. (a) The division shall revoke certification issued under this rule if the division's investigation finds any of the following conditions:

- (1) Failure to comply with this rule.
- (2) A condition that, under the standards for accreditation, would cause the accrediting agency to revoke the accreditation.
- (3) Conduct or practice in the operations of the facility that is found by the division to be detrimental to the welfare of the residents.
- (4) The physical safety of the clients or staff of the agency is compromised by a physical or sanitary condition of the facility.
- (5) Violation of a federal or state statute, rule, or regulation in the course of the operation of the facility.
- (b) When a license is revoked the division shall inform the residents and the general public. (*Division of Mental Health and Addiction; 440 IAC 7.5-4-6; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3140*)

440 IAC 7.5-4-7 Requirements specific to a sub-acute facility

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-17.4-3; IC 12-21-2-3; IC 12-22-2-3; IC 12-24-12; IC 12-25; IC 12-28; IC 12-30-3; IC 16-28

Sec. 7. (a) A sub-acute stabilization facility is a facility in which an agency provides twenty-four (24) hour supervised treatment for psychiatric disorders or addictions, or both, that is less restrictive than an inpatient facility and more restrictive than a supervised group living facility.

- (b) A sub-acute stabilization facility serves at least four (4) and not more than fifteen (15) individuals.
- (c) The director of the division may waive the resident limitations for a sub-acute stabilization facility.
- (d) A sub-acute stabilization facility may function as one (1) or both of the following:
 - (1) A crisis care or respite care facility:
 - (A) that serves people in need of short term respite care or short term crisis care; and
 - (B) the length of stay shall not exceed forty-five (45) days.
 - (2) Rehabilitative facility:
 - (A) that serves people who have a need for treatment of psychiatric disorders or addictions; and
 - (B) the length of stay in a rehabilitative facility shall not exceed one (1) year. The division director may waive the one (1) year limitation.

(e) A sub-acute facility may be a house or congregate living facility. (*Division of Mental Health and Addiction; 440 IAC 7.5-4-7; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3140*)

440 IAC 7.5-4-8 Requirements specific to a supervised group living facility

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-21-2-3

Sec. 8. (a) A supervised group living facility is a residential facility in which an agency provides twenty-four (24) hour supervision for residents with a psychiatric disorder or an addiction, or both.

(b) A supervised group living facility serves up to ten (10) consumers in a single family dwelling and up to fifteen (15) consumers in a apartment or congregate living setting.

(c) No supervised group living facility shall be licensed by the division if it is within one thousand (1,000) feet of another SGL licensed under this article unless the facility was approved by the division prior to October 1, 1984.

(d) The division may waive the one thousand (1,000) foot limitation for particular homes. Such waivers shall conform to the intent of the rule, which is to avoid the creation of nontherapeutic concentrations of residential facilities in any given area; and once given, will remain as long as the facility is licensed as a supervised group living facility.

(e) A supervised group living facility may be an apartment, house, or congregate facility.

(f) No supervised group living facility shall be located in or connected to buildings that have any other use or occupancy. (*Division of Mental Health and Addiction; 440 IAC 7.5-4-8; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3140*)

Rule 5. Transitional Residential Facilities for Individuals with a Psychiatric Disorder or an Addiction

440 IAC 7.5-5-1 Transitional residential facility

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-21-2-3

Sec. 1. (a) A transitional residential facility must meet all of the following requirements:

(1) The facility serves fifteen (15) or fewer persons with a psychiatric disorder or an addiction, or both. The limit of fifteen (15) persons does not include children of the consumers.

(2) The persons served require a time limited supportive residential environment.

(3) The persons' individual treatment plans are overseen by:

(A) a community mental health center;

(B) a certified residential care provider;

(C) a managed care provider; or

(D) an addiction services provider with regular certification.

(b) The division director may waive the limitation of fifteen (15) or fewer persons.

(c) In order for the limitation to be waived, the transitional residential facility must be accredited by an accrediting agency approved by the division.

(d) Before a waiver is granted, the agency shall have an inspection conducted by the office of the state fire marshal to determine whether the facility's operation is in compliance with the applicable fire and life safety standards set forth in 440 IAC 7.5-8, 440 IAC 7.5-9, or 440 IAC 7.5-10.

(e) If a waiver is granted, the waiver will remain as long as the residence is accredited and operated by the agency.

(f) A transitional residential facility may be an apartment, house, or congregate facility.

(g) A transitional residential facility shall have evidence of compliance with local health and safety codes. (*Division of Mental Health and Addiction; 440 IAC 7.5-5-1; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3140*)

440 IAC 7.5-5-2 Administration

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-21-2-3

Sec. 2. (a) The transitional residential facility shall be operated by an agency under this rule. The agency is responsible for maintaining the administrative and supervisory structure required to provide and oversee the transitional residential services facility.

(b) Transitional residential programs shall be conducted in residences that are certified by the agency every two (2) years, in accordance with the requirements of this article.

(c) The agency shall establish and follow written certification policies and procedures that are approved by the division.

(d) A copy of the certification form shall be kept by the agency.

(e) The transitional residential facility shall provide activities that assist the individual in maintaining or acquiring skills necessary to live in the community.

(f) Each resident shall be assigned a case manager to provide case management services. (*Division of Mental Health and Addiction; 440 IAC 7.5-5-2; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3141*)

Rule 6. Semi-Independent Living Program for Individuals with Psychiatric Disorders or Addictions

440 IAC 7.5-6-1 Application

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-22-2-3; IC 12-24-12

Sec. 1. (a) This rule applies to the following:

(1) All managed care providers or community mental health centers that provide semi-independent living facilities.

(2) Consumers in these facilities who have a psychiatric disorder or an addiction, or both.

(3) Residents of these facilities.

(b) A semi-independent living facility shall meet all of the following requirements:

- (1) Each facility has six (6) or fewer consumers.
- (2) The persons served require less than twenty-four (24) hour supervision.
- (3) The persons' individual treatment plans are overseen by:
 - (A) a community mental health center; or
 - (B) a managed care provider.
- (4) At least one (1) of the following applies:
 - (A) A resident living allowance is provided to at least one (1) of the residents.
 - (B) The facility is owned, operated, leased, or managed by the agency or its subcontractor.
- (5) There is no maximum length of time an individual can remain in a semi-independent living program. The appropriate length of stay shall be determined with each individual consumer, based on the individual treatment plan.

(Division of Mental Health and Addiction; 440 IAC 7.5-6-1; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3141)

440 IAC 7.5-6-2 Administration

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-22-2-3; IC 12-24-12

Sec. 2. (a) The semi-independent living facility shall be administered by an agency under contract with the division. The agency is responsible for maintaining the administrative and supervisory structure required to provide and oversee the semi-independent living facility.

(b) Semi-independent living facilities shall be conducted in residences that are certified every two (2) years by the agency in accordance with the requirements of this article.

(c) The agency shall establish and follow written certification policies and procedures that are approved by the division.

(d) A copy of the certification form shall be kept by the agency.

(e) The semi-independent living facility shall provide adequate supervision, including, but not limited to, activities that assist the individual in maintaining or acquiring skills necessary to live in the community, including the following:

(1) Personal contacts and activities with the resident.

(2) The required minimum hours of direct contact with a resident shall be one (1) hour weekly. The actual number of hours of supervisory time shall be determined by the individual needs of the resident.

(f) Staff of the agency shall visit each residence in a time frame specified by each resident's individual treatment plan.

(g) Staff and the resident shall determine whether the living environment is conducive to the resident's achievement of optimal development. *(Division of Mental Health and Addiction; 440 IAC 7.5-6-2; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3141)*

440 IAC 7.5-6-3 Environment

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-22-2-3

Sec. 3. (a) Residents in semi-independent living facilities shall reside in residences with no more than six (6) persons. The actual capacity of a residence shall be determined after evaluation of the facility in accordance with standards established in this rule. A single building may have up to twenty-five (25) semi-independent living facility residences or up to twenty-five percent (25%) of a building occupied by semi-independent living facility residences, whichever is greater.

(b) A semi-independent living facility may be an apartment or house.

(c) A semi-independent living facility shall comply with local health and safety codes.

(d) The agency shall apply to the division for a waiver, setting forth the justification to allow an individual to reside in a mobile home as a semi-independent living facility.

(e) Mobile homes or manufactured housing constructed after 1984 must meet the standards of the federal Department of Housing and Urban Development "Manufactured Home Construction and Safety Standards".

(f) No mobile home that was manufactured before 1985 may serve as a semi-independent living facility. This requirement may not be waived. *(Division of Mental Health and Addiction; 440 IAC 7.5-6-3; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3142)*

Rule 7. Alternative Family for Adults Program for Individuals with Psychiatric Disorders or Addictions

440 IAC 7.5-7-1 Application

Authority: IC 12-8-8-4; IC 12-21-2-3
Affected: IC 12-22-2

Sec. 1. (a) This rule applies to all managed care providers and community mental health centers that provide an alternative family for adults program and residents of those programs.

(b) An alternative family for adults program shall meet all of the following requirements:

(1) The program serves six (6) or fewer residents with a psychiatric disorder or addiction living with a householder who is not an immediate relative (spouse, child, parent, grandparent, grandchild, or spouse of those listed).

(2) The householder is certified by the agency to care for the residents in accordance with their individual treatment plans.

(c) A copy of the certificate shall be kept on the premises of the residence, and a copy shall be kept by the agency. (*Division of Mental Health and Addiction; 440 IAC 7.5-7-1; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3142*)

440 IAC 7.5-7-2 Administration

Authority: IC 12-8-8-4; IC 12-21-2-3
Affected: IC 12-22-2

Sec. 2. (a) The alternative family for adults program shall be administered by a managed care provider or a community mental health center.

(b) The agency shall provide the following supervision:

(1) Staff of the agency shall visit each household at least monthly when residents are present to assure that the living environment is healthy, safe, and supportive.

(2) The required minimum hours of supervision with each alternative family for adults resident and householder shall be two (2) hours monthly, but the actual number of hours of supervisory time shall be determined by the agency, based on the needs of the residents and alternative family householder.

(3) Supervision shall include direct contact with the householder when the residents are not present as well as individual contacts with each resident when the householder is not present.

(4) Supervision shall include other personal contacts and activities with the householder and residents to maintain the adults in the residence and to assure residents' satisfaction with the program.

(c) The agency shall provide directly or by arrangement with others, a minimum of twelve (12) hours in-service training annually for householders as well as ten (10) hours preservice and on-the-job training for new householders.

(d) The agency shall establish a minimum payment to the householder for each resident.

(e) The agency may choose to exceed that minimum as a difficulty of care payment or as additional payment for meritorious performance. (*Division of Mental Health and Addiction; 440 IAC 7.5-7-2; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3142*)

440 IAC 7.5-7-3 Householder

Authority: IC 12-8-8-4; IC 12-21-2-3
Affected: IC 12-22-2

Sec. 3. (a) The agency shall certify individuals as alternative family for adults householders for a period of two (2) years.

(b) A householder may be recertified by the agency every two (2) years.

(c) An alternative family for adults householder shall meet the following standards:

(1) Be at least twenty-one (21) years of age.

(2) Be a resident of the community and general geographic area for at least six (6) months prior to application.

(3) Demonstrate stable life relationships through employment, relationships in the community, family ties, and in the individual's current roles and responsibilities.

(4) Be financially stable.

(5) Have good communication and interpersonal skills and the ability to empathize with persons with psychiatric disorders.

(6) Be in good health as documented annually by a physician's statement.

(7) Have a valid driver's license, a safe driving history according to the agency policy, and comply with Indiana's automobile

insurance liability requirements, if the householder is responsible for transporting residents.

(8) Have completed the preservice training program provided by the agency.

(9) In the professional opinion of the agency, be capable and willing to provide a safe and therapeutic environment for the residents.

(d) The agency shall demonstrate that nutritional training has been provided to householders, including the following:

(1) The agency shall have a written nutrition training plan for householders approved by a dietitian.

(2) Staff and householders shall have access to a dietitian to discuss specific resident nutritional issues.

(e) The agency shall verify and consider the criminal history of an applicant who applies to be an alternative family for adults householder. The agency shall use a criminal records check and other methods of verification in the process.

(f) The status of being a certified alternative family for adults householder does not entitle the alternative family to have an adult placed with it. Such placements are at the discretion of the agency.

(g) The alternative family may decline to accept a specific adult solely on the grounds that the alternative family is unable to meet the individual's needs.

(h) The agency shall enter into a written agreement with each alternative family for adults householder covering the terms and conditions of the householder's participation in the alternative family for adults program. The agreement shall cover the following:

(1) Program participation requirements, duties, and responsibilities of the householder in the program.

(2) Householder rights.

(3) Any restrictions on the householder's activities that are necessary conditions of participation in the program.

(i) In the event that the alternative family householder determines that it is unable to meet the needs of the individual placed with them, the alternative family householder shall notify the agency, in writing, thirty (30) days before the relocation of the adult. *(Division of Mental Health and Addiction; 440 IAC 7.5-7-3; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3143)*

440 IAC 7.5-7-4 The residence

Authority: IC 12-8-8-4; IC 12-21-2-3

Affected: IC 12-22-2

Sec. 4. (a) Alternative family for adults program shall be conducted in the principal place of residence of the alternative family householder and may be in a house or an apartment.

(b) The agency shall apply to the division for a waiver, setting forth the justification to operate an alternative family for adults program in a mobile home.

(c) Mobile homes or manufactured housing constructed after 1984 must meet the standards of the federal Department of Housing and Urban Development "Manufactured Home Construction and Safety Standards".

(d) No alternative family for adults program may be operated in a mobile home that was manufactured before 1985. This requirement may not be waived.

(e) If private pay boarders not related to the householder are residing with the family, the total number of alternative family residents and private pay boarders shall not exceed eight (8) persons.

(f) Any alternative family household with four (4) or more individuals, excluding the immediate family of the householder, shall be inspected by the office of the state fire marshal and must meet the fire and life safety requirements set forth at 440 IAC 7.5-8 or 440 IAC 7.5-9. *(Division of Mental Health and Addiction; 440 IAC 7.5-7-4; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3143)*

Rule 8. Fire and Life Safety Standards for Facilities Located in Apartment Buildings for Persons with a Psychiatric Disorder or an Addiction

440 IAC 7.5-8-1 Scope

Authority: IC 12-21-2-3

Affected: IC 12-22-2

Sec. 1. Facilities located in apartment buildings for persons with a psychiatric disorder or addicted individuals shall achieve a classification of prompt evacuation capability, as defined in 431 IAC 4-1-5, and shall comply with:

(1) the Indiana building code under the provisions of 675 IAC 13 in effect at the time of the initial application for licensure

with the division or at the time of the initial certification by the agency; or

(2) the Indiana building rehabilitation standard, 675 IAC 12-8, for the rehabilitation of older structures.

(Division of Mental Health and Addiction; 440 IAC 7.5-8-1; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3144)

440 IAC 7.5-8-2 Application

Authority: IC 12-21-2-3

Affected: IC 12-22-2

Sec. 2. (a) The level of evacuation capabilities of the residents as a group by the procedures described in Appendix F of the National Fire Protection Association, 101, Life Safety Code, 1985 Edition shall be determined for persons with a psychiatric disorder or addiction by the agency.

(b) On the basis of this evaluation under subsection (a), a facility shall be classified as one (1) of the following:

(1) Prompt.

(2) Slow.

(3) Impractical.

(Division of Mental Health and Addiction; 440 IAC 7.5-8-2; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3144)

440 IAC 7.5-8-3 Adoption by reference

Authority: IC 12-21-2-3

Affected: IC 12-22-2

Sec. 3. (a) Those certain documents being titled the NFPA 101, Appendix F of the Life Safety Code, 1985 Edition, published by the National Fire Protection Association, Batterymarch Park, Quincy, Massachusetts 02269, and as listed in this article, are hereby adopted by reference, subject to the listed amendments, and made part of this article as if fully set out herein.

(b) Within the standards adopted under subsection (a), "authority having jurisdiction" means the division.

(c) Publications referenced within the documents adopted in subsection (a), unless specifically adopted by reference in this article, are deemed to be accepted practice and supplementary to these documents. *(Division of Mental Health and Addiction; 440 IAC 7.5-8-3; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3144)*

Rule 9. Fire and Life Safety Standards for One and Two Family Dwellings for Persons with a Psychiatric Disorder or an Addiction

440 IAC 7.5-9-1 Scope

Authority: IC 12-21-2-3

Affected: IC 12-22-2

Sec. 1. (a) All one (1) and two (2) family dwellings licensed under 431 IAC 2.1 prior to January 18, 1996, shall:

(1) achieve a classification of prompt evacuation capability, as defined in 440 IAC 7.5-1, for one (1) and two (2) family dwellings for persons with a psychiatric disorder or addicted individuals; and

(2) comply with the Indiana one (1) and two (2) family dwelling code under the rules of the fire prevention and building safety commission or its predecessors.

(b) All one (1) and two (2) family dwellings licensed under 431 IAC 2.1 or under 440 IAC 7.5 after January 18, 1996, shall:

(1) achieve a classification of prompt evacuation capability, as defined in 440 IAC 7.5-1, for community residential facilities for persons with a psychiatric disorder or addicted individuals; and

(2) comply with:

(A) the Indiana one (1) and two (2) family dwelling code under the provisions of 675 IAC 14, which is in effect at the time of initial application for licensure with the division or at the time of the initial certification by the agency; or

(B) the Indiana building rehabilitation standard, 675 IAC 12-8, for the rehabilitation of older structures.

(Division of Mental Health and Addiction; 440 IAC 7.5-9-1; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3144)

440 IAC 7.5-9-2 Application

Authority: IC 12-21-2-3
Affected: IC 12-22-2

Sec. 2. (a) The level of evacuation capabilities of the residents as a group by the procedures described in Appendix F of the National Fire Protection Association, 101, Life Safety Code, 1985 Edition shall be determined by the agency.

(b) On the basis of this evaluation under subsection (a), a facility shall be classified as one (1) of the following:

- (1) Prompt.
- (2) Slow.
- (3) Impractical.

(Division of Mental Health and Addiction; 440 IAC 7.5-9-2; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3145)

440 IAC 7.5-9-3 Adoption by reference

Authority: IC 12-21-2-3
Affected: IC 12-22-2

Sec. 3. (a) The document titled the NFPA 101, Appendix F of the Life Safety Code, 1985 Edition, published by the National Fire Protection Association, Batterymarch Park, Quincy, Massachusetts 02269, and as listed in this article, are hereby adopted by reference, subject to the listed amendments, and made part of this article as if fully set out herein.

(b) Within the standards adopted under subsection (a), "authority having jurisdiction" means the division.

(c) Publications referenced within the documents adopted in subsection (a), unless specifically adopted by reference in this article, are deemed to be accepted practice and supplementary to these documents. *(Division of Mental Health and Addiction; 440 IAC 7.5-9-3; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3145)*

Rule 10. Fire and Life Safety Standards for Congregate Living Facilities for Persons with a Psychiatric Disorder or an Addiction

440 IAC 7.5-10-1 Scope

Authority: IC 12-21-2-3
Affected: IC 12-22-2

Sec. 1. (a) Congregate living facilities that are certified as sub-acute facilities may be located in or connected to buildings that have another use or occupancy.

(b) All congregate living facilities shall achieve a classification of prompt evacuation capability and shall comply with the rules of the fire prevention and building safety commission that apply to a congregate residence under the provisions of 675 IAC 13 that are in effect at the time of application for licensure with the division, or at the time of the initial certification by the agency, whichever is later. *(Division of Mental Health and Addiction; 440 IAC 7.5-10-1; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3145)*

440 IAC 7.5-10-2 Application

Authority: IC 12-21-2-3
Affected: IC 12-22-2

Sec. 2. (a) The agency shall determine the level of evacuation capabilities of the residents as a group by the procedures described in Appendix F of the National Fire Protection Association, Life Safety Code, 1985 Edition.

(b) On the basis of this evaluation under subsection (a), a facility shall be classified as one (1) of the following:

- (1) Prompt.
- (2) Slow.
- (3) Impractical.

(Division of Mental Health and Addiction; 440 IAC 7.5-10-2; filed Jun 10, 2002, 2:25 p.m.: 25 IR 3145)

ARTICLE 8. POPULATIONS TO BE SERVED BY MANAGED CARE PROVIDERS FUNDED BY THE DIVISION OF MENTAL HEALTH AND TO BE SERVED BY COMMUNITY MENTAL HEALTH CENTERS

Rule 1. Definitions

440 IAC 8-1-1 Applicability

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2

Sec. 1. The definitions in this rule apply throughout this article. (*Division of Mental Health and Addiction; 440 IAC 8-1-1; filed Sep 8, 2000, 10:12 a.m.: 24 IR 370; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235*)

440 IAC 8-1-2 "Certification" defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2

Sec. 2. "Certification" means the process used by the division to document a provider's compliance with the statutory and regulatory requirements for contracting with the division as a managed care provider or community mental health center, including issuance of a certificate if the provider is found to comply with the applicable requirements in this article. (*Division of Mental Health and Addiction; 440 IAC 8-1-2; filed Sep 8, 2000, 10:12 a.m.: 24 IR 370; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235*)

440 IAC 8-1-3 "Community mental health center" or "CMHC" defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2

Sec. 3. "Community mental health center" or "CMHC" means a mental health facility that the division has certified as fulfilling the statutory and regulatory requirements to be a community mental health center. (*Division of Mental Health and Addiction; 440 IAC 8-1-3; filed Sep 8, 2000, 10:12 a.m.: 24 IR 370; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235*)

440 IAC 8-1-4 "Continuum of care" defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2

Sec. 4. "Continuum of care" means a range of services the provision of which is assured by a managed care provider or a CMHC. The term includes the following:

- (1) Individualized treatment planning to increase patient coping skills and symptom management, which may include any combination of services listed in this section.
- (2) Twenty-four (24) hour a day crisis intervention.
- (3) Case management to fulfill individual patient needs, including assertive case management when indicated.
- (4) Outpatient services, including the following:
 - (A) Intensive outpatient services.
 - (B) Substance abuse services.
 - (C) Counseling and treatment.
- (5) Acute stabilization services, including detoxification services.
- (6) Residential services.
- (7) Day treatment.
- (8) Family support services.
- (9) Medication evaluation and monitoring.
- (10) Services to prevent unnecessary and inappropriate treatment and hospitalization and the deprivation of a person's liberty.

(11) In addition to this section, the continuum of care for a compulsive gambling addiction includes the following:

- (A) Inpatient services.
- (B) Intensive outpatient services.
- (C) Referral to and linkage with gambling self-help groups.
- (D) Financial management counseling.

(Division of Mental Health and Addiction; 440 IAC 8-1-4; filed Sep 8, 2000, 10:12 a.m.: 24 IR 370; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)

440 IAC 8-1-5 “Division” defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5
Affected: IC 12-7-2

Sec. 5. “Division” means the division of mental health. *(Division of Mental Health and Addiction; 440 IAC 8-1-5; filed Sep 8, 2000, 10:12 a.m.: 24 IR 370; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)*

440 IAC 8-1-6 “Eligible individual” defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5
Affected: IC 12-7-2

Sec. 6. “Eligible individual” means a person who qualifies under financial and clinical criteria for services under a contract between the division and a managed care provider. *(Division of Mental Health and Addiction; 440 IAC 8-1-6; filed Sep 8, 2000, 10:12 a.m.: 24 IR 370; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)*

440 IAC 8-1-7 “Eligible, nonenrolled individual” defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5
Affected: IC 12-7-2

Sec. 7. “Eligible, nonenrolled individual” means a person who is eligible to receive services, but for whom no funding is available under the contract between the division and a managed care provider. *(Division of Mental Health and Addiction; 440 IAC 8-1-7; filed Sep 8, 2000, 10:12 a.m.: 24 IR 370; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)*

440 IAC 8-1-8 “Enrolled individual” defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5
Affected: IC 12-7-2

Sec. 8. “Enrolled individual” means a person who is eligible for services and for whom funding is available to pay for those services under a contract between the division and a managed care provider. *(Division of Mental Health and Addiction; 440 IAC 8-1-8; filed Sep 8, 2000, 10:12 a.m.: 24 IR 370; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)*

440 IAC 8-1-9 “Managed care provider” defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5
Affected: IC 12-7-2; IC 12-21-2-7; IC 23-7-1.1; IC 23-17

Sec. 9. “Managed care provider” means an organization:

(1) that:

- (A) for mental health services, is defined under 42 U.S.C. 300x-2(c); or
- (B) provides addiction services;

(2) that has entered into a provider agreement with the division under IC 12-21-2-7 to provide a continuum of care in the least restrictive, most appropriate setting; and

(3) that is operated by at least one (1) of the following:

- (A) A city, town, county, or other political subdivision of Indiana.
- (B) An agency of Indiana or of the United States.
- (C) A political subdivision of another state.
- (D) A hospital owned or operated by:
 - (i) a unit of government; or
 - (ii) a building authority that is organized for the purpose of constructing facilities to be leased to units of government.
- (E) A corporation incorporated under IC 23-7-1.1 (before its repeal August 1, 1991) or IC 23-17.
- (F) A nonprofit corporation incorporated in another state.
- (G) A university or college.

(Division of Mental Health and Addiction; 440 IAC 8-1-9; filed Sep 8, 2000, 10:12 a.m.: 24 IR 371; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)

Rule 2. Application of Rule

440 IAC 8-2-1 Applicability

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2-40.6

Sec. 1. (a) This rule applies to all managed care providers and community mental health centers certified by the division.

(b) The division must determine whether a managed care provider is eligible to serve a population described in this rule to be funded to provide services to that population.

(c) If a managed care provider is awarded a contract, the managed care provider must provide services from the continuum of care as clinically appropriate to all enrolled individuals within the specific population.

(d) A managed care provider must also provide services to eligible, nonenrolled individuals within that population, within the limits of the resources of the managed care provider.

(e) Community mental health centers must provide the continuum of care as set forth at IC 12-7-2-40.6 to the following populations, without regard to the individual's ability to pay, within the limits of the capacity of the centers, to be certified as a community mental health center:

- (1) Seriously mentally ill adults.
- (2) Individuals who are chronically addicted.
- (3) Seriously emotionally disturbed children and adolescents.

(Division of Mental Health and Addiction; 440 IAC 8-2-1; filed Sep 8, 2000, 10:12 a.m.: 24 IR 371; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)

440 IAC 8-2-2 Seriously mentally ill adults

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2-40.6

Sec. 2. An adult who is seriously mentally ill is an individual who meets the following requirements:

- (1) The individual is eighteen (18) years of age or older.
- (2) The individual has a mental illness diagnosis under the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, published by the American Psychiatric Association (DSM IV).
- (3) The individual experiences significant functional impairment in two (2) of the following areas:
 - (A) Activities of daily living.
 - (B) Interpersonal functioning.
 - (C) Concentration, persistence, and pace.
 - (D) Adaptation to change.
- (4) The duration of the mental illness has been, or is expected to be, in excess of twelve (12) months. However, adults who have experienced a situational trauma do not have to meet the duration requirement.

(Division of Mental Health and Addiction; 440 IAC 8-2-2; filed Sep 8, 2000, 10:12 a.m.: 24 IR 371; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)

440 IAC 8-2-3 Individuals who are chronically addicted

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2-40.6; IC 12-23-1-6

Sec. 3. An individual who is chronically addicted is an individual who meets the following requirements:

- (1) The individual may be any age.
- (2) The individual has a disorder listed as a substance-related disorder in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, published by the American Psychiatric Association (DSM IV).
- (3) The individual experiences significant functional impairments in two (2) of the following areas:
 - (A) Activities of daily living.
 - (B) Interpersonal functioning.
 - (C) Ability to live without recurrent use of chemicals.
 - (D) Psychological functioning.
- (4) The duration of the addiction has been in excess of twelve (12) months. However, individuals who have experienced amnesiac episodes (blackouts), or have experienced convulsions or other serious medical consequences of withdrawal from a chemical of abuse, or who display significant dangerousness as a result of chemical use, do not have to meet the duration requirement.

(Division of Mental Health and Addiction; 440 IAC 8-2-3; filed Sep 8, 2000, 10:12 a.m.: 24 IR 371; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)

440 IAC 8-2-4 Seriously emotionally disturbed children

Authority: IC 12-21-2-8; IC 12-21-5-1.5; IC 12-22-3-4

Affected: IC 12-7-2-40.6; IC 12-21-5-2

Sec. 4. An individual who is a seriously emotionally disturbed child is an individual who meets the following requirements:

- (1) The individual is less than eighteen (18) years of age.
- (2) The individual has a mental illness diagnosis under Diagnostic and Statistical Manual of Mental Disorders, 4th edition, published by the American Psychiatric Association (DSM IV).
- (3) The individual experiences significant functional impairment in at least one (1) of the following areas:
 - (A) Activities of daily living.
 - (B) Interpersonal functioning.
 - (C) Concentration, persistence, and pace.
 - (D) Adaptation to change.
- (4) The duration of the mental illness has been, or is expected to be, in excess of twelve (12) months. However, individuals who have experienced a situational trauma, and who are receiving services in two (2) or more community agencies, do not have to meet the duration requirement.

(Division of Mental Health and Addiction; 440 IAC 8-2-4; filed Sep 8, 2000, 10:12 a.m.: 24 IR 372; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)

440 IAC 8-2-5 Compulsive gambling addiction

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2-40.6; IC 12-23-1-6

Sec. 5. An individual with a compulsive gambling addiction is a person who meets the following requirements:

- (1) The individual is any age.
- (2) The individual meets the criteria for Axis-1 diagnosis of pathological gambling under Diagnostic and Statistical Manual of Mental Disorders, 4th edition, published by the American Psychiatric Association (DSM IV), Diagnosis 312.31,

Pathological Gambling.

(3) The individual continues gambling behavior in spite of repetitive harmful consequences.

(Division of Mental Health and Addiction; 440 IAC 8-2-5; filed Sep 8, 2000, 10:12 a.m.: 24 IR 372; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)

ARTICLE 9. MINIMUM STANDARDS FOR THE PROVISION OF SERVICES BY COMMUNITY MENTAL HEALTH CENTERS AND MANAGED CARE PROVIDERS

Rule 1. Definitions

440 IAC 9-1-1 Applicability

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-24-19-4

Sec. 1. The definitions in this rule apply throughout this article. *(Division of Mental Health and Addiction; 440 IAC 9-1-1; filed Sep 8, 2000, 10:12 a.m.: 24 IR 372; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)*

440 IAC 9-1-2 "Addiction services" defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-24-19-4

Sec. 2. "Addiction services" means a structured program designed for the treatment, care, or rehabilitation of individuals who abuse alcohol or drugs. *(Division of Mental Health and Addiction; 440 IAC 9-1-2; filed Sep 8, 2000, 10:12 a.m.: 24 IR 372; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)*

440 IAC 9-1-3 "Clinician" defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-24-19-4

Sec. 3. "Clinician" means any individual who is qualified to provide counseling, therapy, case management, or like services. *(Division of Mental Health and Addiction; 440 IAC 9-1-3; filed Sep 8, 2000, 10:12 a.m.: 24 IR 372; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)*

440 IAC 9-1-4 "Community mental health center" or "CMHC" defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-24-19-4

Sec. 4. "Community mental health center" or "CMHC" means a mental health facility that the division has certified as fulfilling the statutory and regulatory requirements to be a community mental health center. *(Division of Mental Health and Addiction; 440 IAC 9-1-4; filed Sep 8, 2000, 10:12 a.m.: 24 IR 372; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)*

440 IAC 9-1-5 "Consumer" defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-24-19-4

Sec. 5. "Consumer" means an individual who has received or is receiving mental health or addiction services. *(Division of Mental Health and Addiction; 440 IAC 9-1-5; filed Sep 8, 2000, 10:12 a.m.: 24 IR 372; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)*

440 IAC 9-1-6 “Continuum of care” defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5
Affected: IC 12-7-2; IC 12-24-19-4

Sec. 6. “Continuum of care” means a range of services the provision of which is assured by a managed care provider. The term includes the following:

- (1) Individualized treatment planning to increase patient coping skills and symptom management, which may include any combination of services listed in this section.
- (2) Twenty-four (24) hour a day crisis intervention.
- (3) Case management to fulfill individual patient needs, including assertive case management when indicated.
- (4) Outpatient services, including the following:
 - (A) Intensive outpatient services.
 - (B) Substance abuse services.
 - (C) Counseling and treatment.
- (5) Acute stabilization services, including detoxification services.
- (6) Residential services.
- (7) Day treatment.
- (8) Family support services.
- (9) Medication evaluation and monitoring.
- (10) Services to prevent unnecessary and inappropriate treatment and hospitalization and the deprivation of a person’s liberty.

(Division of Mental Health and Addiction; 440 IAC 9-1-6; filed Sep 8, 2000, 10:12 a.m.: 24 IR 372; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)

440 IAC 9-1-7 “Division” defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5
Affected: IC 12-7-2; IC 12-24-19-4

Sec. 7. “Division” means the division of mental health. *(Division of Mental Health and Addiction; 440 IAC 9-1-7; filed Sep 8, 2000, 10:12 a.m.: 24 IR 373; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)*

440 IAC 9-1-8 “Gatekeeper” defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5
Affected: IC 12-7-2; IC 12-24-12-10; IC 12-24-19-4

Sec. 8. “Gatekeeper” means an entity identified in IC 12-24-12-10 that is actively involved in the evaluation and planning of and treatment for a committed individual beginning after the commitment through the planning of the individual’s transition back into the community. *(Division of Mental Health and Addiction; 440 IAC 9-1-8; filed Sep 8, 2000, 10:12 a.m.: 24 IR 373; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)*

440 IAC 9-1-9 “Managed care provider” defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5
Affected: IC 12-7-2; IC 12-21-2-7; IC 12-24-19-4; IC 23-7-1.1; IC 23-17

Sec. 9. “Managed care provider” means an organization:

- (1) that:
 - (A) for mental health services, is defined under 42 U.S.C. 300x-2(c); or
 - (B) provides addiction services;
- (2) that has entered into a provider agreement with the division under IC 12-21-2-7 to provide a continuum of care in the least restrictive, most appropriate setting; and
- (3) that is operated by at least one (1) of the following:
 - (A) A city, town, county, or other political subdivision of Indiana.

- (B) An agency of Indiana or of the United States.
- (C) A political subdivision of another state.
- (D) A hospital owned or operated by:
 - (i) a unit of government; or
 - (ii) a building authority that is organized for the purpose of constructing facilities to be leased to units of government.
- (E) A corporation incorporated under IC 23-7-1.1 (before its repeal August 1, 1991) or IC 23-17.
- (F) A nonprofit corporation incorporated in another state.
- (G) A university or college.

(Division of Mental Health and Addiction; 440 IAC 9-1-9; filed Sep 8, 2000, 10:12 a.m.: 24 IR 373; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)

440 IAC 9-1-10 “Primary service area” defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5
Affected: IC 12-7-2; IC 12-24-19-4

Sec. 10. “Primary service area” means the area in which the managed care provider or community mental health center serves clients and which has been designated by agreement between the managed care provider or community mental health center and the division. *(Division of Mental Health and Addiction; 440 IAC 9-1-10; filed Sep 8, 2000, 10:12 a.m.: 24 IR 373; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)*

440 IAC 9-1-11 “Stakeholders” defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5
Affected: IC 12-7-2; IC 12-24-19-4

Sec. 11. “Stakeholders” means those individuals and agencies who have an interest in mental health and addiction services being provided in the community, including consumers and their families. *(Division of Mental Health and Addiction; 440 IAC 9-1-11; filed Sep 8, 2000, 10:12 a.m.: 24 IR 373; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)*

440 IAC 9-1-12 “Subcontractor” defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5
Affected: IC 12-7-2; IC 12-24-19-4

Sec. 12. “Subcontractor” means:

- (1) an entity or individual with whom the managed care provider or community mental health center directly contracts; or
- (2) another entity or individual with whom the managed care provider or community mental health center’s subcontractor contracts;

to provide financial services, administrative services, or one (1) or more services as a part of the continuum of care. *(Division of Mental Health and Addiction; 440 IAC 9-1-12; filed Sep 8, 2000, 10:12 a.m.: 24 IR 373; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)*

Rule 2. Standards of Practice for the Continuum of Care

440 IAC 9-2-1 Application

Authority: IC 12-21-2-8; IC 12-21-5-1.5
Affected: IC 12-7-2; IC 12-24-12-10; IC 12-24-19-4

Sec. 1. (a) This rule applies to all community mental health centers and managed care providers certified by the division.

(b) If a managed care provider or a community mental health center fails to meet the standards of practice set out in this rule, the division may:

- (1) change the managed care provider's certification to conditional certification;
- (2) terminate the managed care provider's certification; or
- (3) terminate the community mental health center's certification.

(Division of Mental Health and Addiction; 440 IAC 9-2-1; filed Sep 8, 2000, 10:12 a.m.: 24 IR 374; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)

440 IAC 9-2-2 Twenty-four hour crisis intervention

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-24-19-4

Sec. 2. (a) Managed care providers and community mental health centers shall provide twenty-four (24) hour crisis intervention according to the standards set out in this section. Managed care providers and community mental health centers shall ensure that their subcontractors who provide crisis intervention services also meet the same standards.

(b) The service provider shall provide and promote a crisis telephone number that can be reached without charge by individuals throughout the primary service area as follows:

- (1) Provide an identified crisis services number by either toll free or local call to all areas within the primary service area.
- (2) Provide telephone book listings, advertisements, flyers, and other information pieces that specify access to crisis services telephone numbers across the primary service area, including the statewide crisis services number for TTY users, if the service provider does not have a TTY crisis telephone number of its own.
- (3) Ensure that stakeholders, gatekeepers, and referral sources know there is a crisis services telephone number.

(c) The crisis number shall be answered by an individual trained to recognize emergencies and refer calls to the appropriate clinician or program.

(1) The crisis telephone number shall not be answered by an answering machine.

(2) The service provider shall document appropriate training for all individuals who answer the crisis telephone number.

(d) It is recognized that not all calls that are made to the crisis telephone number are actually emergencies. When a determination is made by the individual answering the crisis telephone number that it is necessary for a clinician to be involved, a trained clinician shall be available to reach the consumer by telephone within fifteen (15) minutes. The following requirements shall be evidence of clinician availability and training:

(1) Trained clinicians shall be available twenty-four (24) hours per day, either on-call or on site.

(2) The available clinicians shall receive training in crisis intervention.

(3) Call logs shall be kept, indicating the following:

(A) The time that a decision to reach a clinician is made.

(B) The time that the clinician reaches the consumer.

(C) The number of minutes between clauses (A) and (B).

(4) Except in rare and unusual circumstances, a trained clinician shall reach the consumer, by telephone, within fifteen (15) minutes. Reasonable efforts made to reach the consumer within fifteen (15) minutes and reasons for the clinician's failure to reach consumer on the telephone within fifteen (15) minutes shall be documented.

(e) When the assessment indicates that a face-to-face meeting between the clinician and the consumer is necessary, an accessible safe place shall be available for the meeting, as follows:

(1) Each safe place shall be within sixty (60) minutes driving distance of any part of the community mental health center or managed care provider's primary service area.

(2) Each safe place shall have an office or clinic setting and provide a sense of security and privacy.

(3) Consumers in crisis must be able to reach the safe place. A transportation plan shall be available documenting how consumers without their own mode of transportation will be able to get to a safe place.

(f) The twenty-four (24) hour crisis service shall participate in a quality assurance/quality improvement system that includes a review of individual cases and identification and resolution of systemic issues as follows:

(1) Each crisis case shall be reviewed at a supervisory or management level for appropriateness of disposition.

(2) Systemic issues regarding types, timing, and location of crises shall be monitored for risk management implications.

(Division of Mental Health and Addiction; 440 IAC 9-2-2; filed Sep 8, 2000, 10:12 a.m.: 24 IR 374; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)

440 IAC 9-2-3 Individualized treatment planning to increase patient coping skills and symptom management

Authority: IC 12-21-2-9; IC 12-21-5-1.5

Affected: IC 12-7-2-40.6; IC 12-24-19-4

Sec. 3. (a) Managed care providers and community mental health centers shall provide individualized treatment planning according to the standards set out in this section. Managed care providers and community mental health centers shall ensure that their subcontractors who provide individualized treatment planning also meet the same standards.

(b) Treatment plans shall be designed around individual consumers. The goals and services reflected in a sample of treatment plans must be sufficiently different to indicate individualized service planning.

(c) Consumers shall be involved in the treatment planning process.

(1) If a consumer chooses not to participate in the treatment planning process, it shall be documented in the clinical record.

(2) Consumers shall participate in the development and review of their own treatment plans, indicated by the consumer's signature on the treatment planning document.

(d) There shall be a single coordinated service plan maintained for each consumer in service, across all services within the continuum of care.

(1) A single individual must be responsible for coordinating and negotiating the plan with the consumer.

(2) The agency must have policies that reflect the maintenance of a single coordinated service plan for each consumer and the appointment of an individual clinician per consumer who coordinates all aspects of the service plan.

(Division of Mental Health and Addiction; 440 IAC 9-2-3; filed Sep 8, 2000, 10:12 a.m.: 24 IR 374; readopted filed May 10, 2001, 2:30 p.m.: 24 IR 3235)

440 IAC 9-2-4 Acute stabilization

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-24-12-10; IC 12-24-19-4

Sec. 4. (a) Managed care providers and community mental health centers shall provide acute stabilization according to the standards set out in this section. Managed care providers and community mental health centers shall ensure that their subcontractors who provide acute stabilization services also meet the same standards.

(b) Acute stabilization can take place in a variety of settings, as appropriate. Acute stabilization services are those activities which accomplish rapid intervention and management of psychological and social distress of persons in crisis. A person in crisis is a person whose condition is threatening to their physical well being or that of others.

(c) Inpatient care in a licensed general or private mental health institution is a necessary part of acute stabilization for all populations.

(1) All managed care providers and community mental health centers shall either operate or contract with a licensed general or psychiatric hospital to provide inpatient care.

(2) The staff of the managed care provider or community mental health center shall be involved in the planning of treatment for and the discharge of the consumer during the time the consumer is in inpatient care, to maintain continuity of care.

(3) The managed care provider or community mental health center shall assure that the consumer is able to obtain psychiatric inpatient care without regard to the ability to pay.

(d) All managed care providers for addictions treatment services and all community mental health centers shall have detoxification services available for individuals who are chronically addicted.

(1) Detoxification services are those activities provided for a person during withdrawal from alcohol and other drugs, under the supervision of a physician or clinical nurse specialist.

(2) All managed care providers for addictions treatment services and all community mental health centers shall either operate or contract with a provider of detoxification services.

(3) Detoxification services shall be included within the array of services and shall be available twenty-four (24) hours per day, seven (7) days per week.

(4) The staff of the managed care provider or community mental health center shall be involved in the treatment of the consumer during the time the consumer is in detoxification services to maintain continuity of care.

(e) All managed care providers and community mental health centers shall have a physician licensed in Indiana available for

consultation to staff twenty-four (24) hours per day, seven (7) days per week.

(f) In addition to inpatient or detoxification, all managed care providers and all community mental health centers shall have the ability to provide crisis services in other appropriate settings.

(1) Crisis services must be protective and supportive, while being in as natural an environment as possible.

(2) When a consumer is in crisis, staff must be on site.

(Division of Mental Health and Addiction; 440 IAC 9-2-4; filed Nov 30, 2001, 10:58 a.m.: 25 IR 1138)

440 IAC 9-2-5 Day treatment for adults

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-24-12-10; IC 12-24-19-4

Sec. 5. (a) Managed care providers and community mental health centers shall provide or arrange for the provision of day treatment according to the standards set out in this section. Managed care providers and community mental health centers shall ensure that their subcontractors who provide day treatment services also meet the same standards.

(b) Day treatment services provide a distinct and organized treatment program that offers less than twenty-four (24) hour daily care and furnishes a well defined, structured program of activities during the day, evening, or weekend for a specific consumer population, seriously mentally ill adults, and individuals who abuse substances.

(c) Day treatment shall be provided to individual consumers, as appropriate, according to the individual treatment plan, which is required to be developed for each consumer at section 3 of this rule:

(1) Clinical records shall reflect individualized schedules for participants.

(2) Schedules shall be individualized based upon a written care plan, based on an individualized assessment of needs.

(d) A day treatment program shall be based on a written, cohesive, and clearly stated philosophy and treatment orientation and must include the following items:

(1) For each population served, there must be a written statement of philosophy that is based on literature, research, and proven practice models for that population.

(2) The services must be consumer centered.

(3) The philosophy shall explicitly state a consideration of client preferences and informed choices.

(4) The stated philosophy shall be carried out in practice.

(e) The managed care provider or community mental health center shall provide, as a part of a day treatment program, or in other parts of the continuum, the following program units as a minimum:

(1) Treatment groups.

(2) Vocational services, which include a range of activities designed to assist an individual to realize the individual's fullest vocational potential by utilizing such activities as supported employment, vocational rehabilitation, job skills training, volunteer work, or clubhouse.

(3) Training for the consumer in self-management, including psycho-education and training in disease management.

(4) Training in activities of daily living.

(5) Community interaction programs.

(f) Day treatment programs shall provide programming at distinguishable levels of intensity. Intensity is a measure of the structure, pace of activity, and supervision or clinical intervention in a program.

(g) A day treatment program shall have the following as evidence of ongoing programming:

(1) Schedules of ongoing programming.

(2) Evidence of normal activities outside the facility in community settings.

(3) Service records or other evidence that individuals receive services of different intensity, according to their individual treatment plan.

(Division of Mental Health and Addiction; 440 IAC 9-2-5; filed Nov 30, 2001, 10:58 a.m.: 25 IR 1138)

440 IAC 9-2-6 Services to prevent unnecessary and inappropriate treatment and hospitalization and the deprivation of a person's liberty

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-24-12-10; IC 12-24-19-4; IC 12-26

Sec. 6. (a) Services to prevent unnecessary and inappropriate deprivation of a person's liberty include the following:

- (1) Review of commitments and gatekeeping into and out of state-operated institutions.
- (2) The range of community support program services and crisis service alternatives.
- (3) Those administrative and supervisory functions that manage the care provided to make certain that each consumer receives appropriate care.

(b) A utilization management plan, which provides objective guidance that helps direct treatment, external to the clinician/consumer relationship, must be in place and include the following:

- (1) The plan shall be an existing system that defines criteria for initiating a course of treatment, transition, and discharge.
- (2) The plan shall be objective, documented, and external to individual clinicians.
- (3) The plan shall cite published literature and research on which the system is based.
- (4) Utilization management may consist of any of the following:
 - (A) Prior authorization manuals or systems.
 - (B) Evidence based treatment systems.
 - (C) Clinical pathways.
 - (D) American Society of Addiction Medicine criteria.
 - (E) Another system of linking need to care.

(5) A provider may contract for utilization management services.

(c) In addition to regular peer review, supervisor review, and treatment plan reviews, the provider shall have an ongoing process to evaluate the utilization of services.

(d) The utilization of services review shall include the following:

- (1) The percentage of cases evaluated for each modality of treatment.
- (2) The ongoing system of treatment evaluation.
- (3) Samples of reports from the previous year's treatment review.

(e) The provider shall train staff on the use of the utilization management system and keep records regarding the training.

(Division of Mental Health and Addiction; 440 IAC 9-2-6; filed Nov 30, 2001, 10:58 a.m.: 25 IR 1139)

440 IAC 9-2-7 Residential services for adults with psychiatric disorders

Authority: IC 12-8-8-4; IC 12-21-2-8

Affected: IC 12-7-2-40.6; IC 12-21-5-1.5; IC 12-22-1; IC 12-22-2; IC 12-24-19-4; IC 16-28-2

Sec. 7. (a) Managed care providers and community mental health centers shall provide residential services according to the standards set out in this section. Managed care providers and community mental health centers shall ensure that their subcontractors who provide residential services also meet the same standards.

(b) Residential services for adults with psychiatric disorders can take place in a variety of settings, as appropriate for the individual consumer.

(c) Residential services that are a part of the continuum of care must be provided in a variety of settings, including at least two (2) of the following types of settings:

- (1) Supervised group living facility.
- (2) Transitional residential facility.
- (3) Subacute stabilization facility.
- (4) Semi-independent living facility.
- (5) Alternative family for adults program.

(d) Residential services for adults with psychiatric disorders must be based on a written, cohesive, and clearly stated philosophy and treatment orientation and must include the following standards:

- (1) There must be evidence that the philosophy is based on literature, research, and proven practice models.
- (2) The services must be client centered.
- (3) The services must consider client preferences and choices.
- (4) There must be a stated commitment to quality services.
- (5) The residents must have a safe and drug free environment.
- (6) The individual environment must be as homelike as possible.

(e) The services must provide flexible alternatives with a wide variety of levels of supervision, support, and treatment as follows:

- (1) The treatment services must be carried out in residences that meet all life safety requirements and are licensed or certified as appropriate.
- (2) Service flexibility must allow movement toward the least restrictive environment but allow increases in intensity during relapses or cycles of relapse.
- (3) The services must provide the ability to maintain residents at any level of supervision and support as required by the consumer's need. If a consumer's need exceeds the typical length of stay, services may not be terminated without just cause.
- (4) The services must provide continuous or reasonably incremental steps between levels.
- (5) A consumer can graduate from residential services, but cannot be terminated because of a need for more supervision, care, or direction without the agency continuing to assertively provide adequate, safe, and continuing treatment unless the resident is transferred to another entity with continuing treatment provided to the resident by that entity.

(f) Residential services shall include specific functions that shall be made available to consumers based upon the individual treatment plan. These functions include the following:

- (1) Provision of transportation or access to public transportation in accordance with the treatment plan.
 - (2) A treatment plan partially based on a functional assessment of each resident's daily living, socialization, and coping skills that is based on structured evaluation and observation of behavior.
 - (3) Provision of services focused on assisting a resident's move to an independent setting.
 - (4) Respite residential services, a very short term residential care (less than two (2) weeks), to provide either relief for a caregiver or transition during a stressful situation.
 - (5) Crisis services, including more intensive services within twenty-four (24) hours after problem identification.
- (g) Residents, as determined by their individual treatment plan, must receive a combination of the following services:

- (1) Day treatment, that may include the following:
 - (A) Intensive outpatient.
 - (B) Social, recreational, and support activities.
 - (C) Other models of intervention.
- (2) Habilitation and rehabilitation services that may include the following:
 - (A) Daily living skills development.
 - (B) Parenting skills development.
 - (C) Social and recreational activities.
 - (D) Public involvement and education.
 - (E) Community reintegration.
- (3) Vocational services that may include the following:
 - (A) Supported employment.
 - (B) Volunteering.
 - (C) Vocational rehabilitation services.
 - (D) Competitive employment.
 - (E) Job training.
- (4) Appropriate educational services must be available in as normal a setting as possible.
- (5) Mental health treatment, that may include the following:
 - (A) Group therapy.
 - (B) Individual counseling or psychotherapy.
 - (C) Medication therapy.

(h) Family involvement must be offered to the resident as part of the service unless it is refused by the resident as documented annually in the treatment plan.

- (i) If the resident agrees to family participation and signs a release of information, the following requirements apply:
 - (1) The program shall solicit and consider input from the family or legal representative in the diagnosis and treatment planning process.
 - (2) Families or legal representatives shall be contacted when admitting residents and moving them between residences within the total service.

(3) Families or legal representatives shall be contacted quarterly regarding the resident's progress and situation.

(4) Families shall be encouraged to use appropriate family support services.

(Division of Mental Health and Addiction; 440 IAC 9-2-7; filed Jul 8, 2002, 1:58 p.m.: 25 IR 3762)

440 IAC 9-2-8 Residential services for adults with addictions

Authority: IC 12-8-8-4; IC 12-21-2-8; IC 12-21-5-1.5; IC 12-23-1-6

Affected: IC 12-7-2

Sec. 8. (a) Each managed care provider for addiction services and each community mental health center shall provide residential services according to the standards set out in this section. Managed care providers and community mental health centers shall ensure that their subcontractors who provide residential services also meet the same standards.

(b) Residential treatment services for adults with addictions can take place in a variety of settings, as appropriate for the individual consumer.

(c) Residential treatment services must be based on a written, cohesive, and clearly stated philosophy and treatment orientation and must include the following standards:

(1) There must be evidence that the philosophy is based on literature, research, and proven practice models.

(2) The services must be client centered.

(3) The services must consider client preferences and choices.

(4) There must be a stated commitment to quality services.

(5) The residents must be provided a safe, alcohol free, and drug free environment.

(6) The individual environment must be as homelike as possible.

(7) The services must provide transportation or ensure access to public transportation in accordance with the treatment plan.

(d) The services must provide flexible alternatives with a variety of levels of supervision, support, and treatment as follows:

(1) Service flexibility must allow movement toward the least restrictive environment but allow increases in intensity during relapses or cycles of relapse.

(2) The residential services must provide continuous or reasonably incremental steps between levels.

(3) An agency cannot terminate a consumer from all services because of a need for more supervision, care, or direction without the agency making a good faith effort to continue to provide adequate, safe, and continuing treatment unless the resident is transferred to another entity with continuing treatment provided to the resident by that entity.

(e) The treatment services must be carried out in residences that meet all life safety requirements and are licensed or certified as appropriate.

(f) Residential services shall include specific functions that shall be made available to consumers based upon the individual treatment plan. These functions include the following:

(1) A treatment plan partially based on a functional assessment of each resident's daily living, socialization, and coping skills that is based on structured evaluation and observation of behavior.

(2) Crisis services, including access to more intensive services, including detoxification, within twenty-four (24) hours of problem identification.

(3) Case management services, including access to medical services, for the duration of treatment, provided by a case manager or primary therapist.

(g) A consumer of residential treatment services must have access to psychiatric or addictions treatment as needed, including the following:

(1) Day treatment that may include the following:

(A) Daily living skills development.

(B) Social, recreational, and recovery support activities.

(C) Parenting skills development.

(2) Vocational services, that may include the following:

(A) Supported employment.

(B) Volunteering.

(C) Vocational rehabilitation services.

(D) Competitive employment.

(E) Job training.

(3) Appropriate educational services must be available in as normal a setting as possible.

(4) Psychiatric or addiction treatment, that may include the following:

(A) Group therapy.

(B) Individual counseling.

(C) Medication evaluation and monitoring.

(h) Family involvement must be offered to the resident as part of the service unless it is refused by the resident.

(i) If the resident agrees to family participation and signs a release of information, the following requirements apply:

(1) The program must solicit and consider input from the family or legal representative in the diagnosis and treatment planning process.

(2) Families or legal representatives shall be contacted when admitting residents and moving them between residences within the total service.

(3) Families or legal representatives shall be contacted quarterly regarding the resident's progress and situation.

(4) Families shall be encouraged to use appropriate family support services.

(Division of Mental Health and Addiction; 440 IAC 9-2-8; filed Jul 8, 2002, 1:58 p.m.: 25 IR 3763)

440 IAC 9-2-9 Residential services for seriously emotionally disturbed or addicted children

Authority: IC 12-8-8-4; IC 12-21-2-8

Affected: IC 12-7-2; IC 12-21-5-1.5; IC 12-22-1; IC 12-22-2; IC 12-22-3-4; IC 31-34

Sec. 9. (a) Each managed care provider for seriously emotionally disturbed children, managed care provider for addiction services, and community mental health center shall provide residential services for seriously emotionally disturbed or addicted children according to the standards set out in this section. Managed care providers and community mental health centers shall ensure that their subcontractors who provide residential services also meet the same standards.

(b) Residential services for children consist of treatment services for children in out of home placements.

(c) The treatment services must be based on a written, cohesive, and clearly stated philosophy and treatment orientation that is based on literature, research, and proven practice models.

(d) Residential services for children under this rule do not include the following:

(1) Room and board.

(2) In loco parentis supervision.

(3) Education.

(4) Developmental services and vocational training.

(5) Medical and dental care.

(6) Nontherapeutic activities.

(e) The treatment services must have the following characteristics:

(1) Family centered philosophy.

(2) Family preferences and choices must be considered.

(3) A stated commitment to quality services.

(f) Treatment services must consist of a continuum of alternatives providing a wide variety of levels of supervision, support, and treatment as follows:

(1) Service flexibility must allow movement toward the least restrictive environment but increases in intensity during periods of crisis or instability.

(2) The treatment services must provide continuous or reasonably incremental steps between levels.

(3) A child can graduate from the program if that is addressed in the treatment plan. A child cannot be terminated because of a need for more supervision, care, or direction without the agency continuing to provide adequate, safe, and continuing treatment, unless the child is transferred to another entity with continuing treatment provided to the child by that entity.

(g) Treatment services must be carried out in residences and facilities that are licensed, certified, or operated by the state.

(h) The following specific functions must be evident in a residential treatment program:

(1) A diagnosis and assessment capability that allows for observation of daily living skills and socialization skills in an out of home setting.

- (2) Transitional services that are aimed specifically at assisting a resident's first move to an adult setting.
- (3) Respite care, short term care provided in an out of home setting (for less than two (2) weeks), to provide either relief for a caregiver or transition during a stressful situation.
- (4) Within twenty-four (24) hours of problem recognition, emergency care, for which the provider must have the ability to place and care for children in an emergency situation in a setting other than inpatient, if inpatient services are not appropriate.
- (5) Access to more intensive residential services and ultimately to inpatient services within twenty-four (24) hours when in crisis.
- (6) Case management services for each child requiring residential treatment by a case manager or primary therapist who can follow them throughout the program.
- (i) Children receiving children's residential treatment services must have access to psychiatric or addictions treatment, as determined by the individual treatment plan, that may include the following:
 - (1) Group therapy.
 - (2) Individual counseling or psychotherapy.
 - (3) Medication therapy.
- (j) All agencies under this rule shall provide the following family preservation/reintegration services unless precluded by court order under IC 31-34:
 - (1) The family of any child in an out of home placement shall be provided counseling and related services to prepare for the eventual return of the child.
 - (2) Family input and advice shall be considered in the diagnosis, treatment planning, and discharge planning process.
 - (3) Families shall be contacted before admitting residents and before moving them between residences within the total program.
 - (4) Families shall be contacted at least monthly regarding the progress and situation of the resident.
 - (5) Families shall be encouraged to use appropriate family support services.
- (k) A treatment program of mental health or addiction services for children shall do the following:
 - (1) Include liaison with the school system.
 - (2) Ensure that education is represented on the treatment team.
- (l) All providers of mental health or addiction services for children shall cooperate with local entities which have jurisdiction over the individual child. (*Division of Mental Health and Addiction; 440 IAC 9-2-9; filed Jul 8, 2002, 1:58 p.m.: 25 IR 3764*)

440 IAC 9-2-10 Case management

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-24-12-10; IC 12-24-19-4

Sec. 10. (a) Managed care providers and community mental health centers shall provide case management according to the standards set out in this section. Managed care providers and community mental health centers shall ensure that their subcontractors who provide case management services also meet the same standards.

(b) Case management services are goal oriented activities that assist consumers by locating, coordinating, and monitoring necessary care and services that are appropriate and accessible to the individual and family.

(c) Case management services shall be based on the abilities, needs, resources, and desires of each consumer, as documented in the individualized treatment plan as follows:

(1) Individualized treatment plans reflect periodic assessment and level of case management and other mental health services appropriate for the consumer based on current level of functioning and history.

(2) The level of case management depends on the functioning level of the consumer, the consumer's preferences, and response to treatment as documented in the individualized treatment plan and clinical notes.

(d) Case management services are provided by staff members who have demonstrated competency in cultural and ethnic issues and in the specific services they are providing.

(e) Supportive and intensive case management services shall be available in all primary service areas served by a managed care provider or community mental health center. Services are delivered in the least restrictive, most natural environment that is appropriate for the individual's needs as follows:

(1) Delivery of different levels of intensity of case management services to individual consumers shall be evidenced in all

geographic areas served by the provider.

(2) Supportive case management coordinates services and facilitates the delivery of services. Supportive case management includes the following services:

- (A) Service delivery facilitation includes helping individuals make and keep appointments, accompanying individuals to appointments as needed, arranging mental health, addiction, medical, and rehabilitation services.
- (B) Advocacy and referral includes helping individuals access entitlement and other services, for example, Medicaid, housing, food stamps, educational services, recovery groups, and vocational services.
- (C) Assistance in the use of financial resources.
- (D) Monitoring and coordination of care includes monitoring and coordination of care with other involved systems, such as the court system, medical care, schools, or the local office of the division of family and children.

(3) Intensive case management assists consumers with persistent mental illness, chronic addiction, or seriously emotionally disturbed children and families who have a need for more frequent or more intensive services, or both, including persons who have not been successfully engaged in outpatient services. Programs have appropriate client-staff ratios that meet the individual needs of the consumers. Services are not time limited. Intensive case management includes the assurance that the following services are provided:

- (A) Outreach to engage clients.
- (B) Provision of crisis intervention and stabilization.
- (C) Assisting individuals through ongoing support.
- (D) Training and assistance in use of community resources.
- (E) Training in activities of daily living and coping skills, such as self-care and daily life management, or problem-solving skills, and direction toward eliminating psychosocial barriers. These skills are developed through structured interventions for the attainment of goals identified in the individualized treatment plan.
- (F) Assisting in developing community and family supports.
- (G) For seriously emotionally disturbed children, training parents to cope more effectively with their child's behavior.
- (H) With the consent of the consumer, training the family to cope more effectively with an adult consumer's illness.
- (I) Medication education and monitoring.

(f) Additional case management requirements for specific populations are as follows:

(1) Adults with serious mental illness as follows:

- (A) Intensive case management shall be provided for adults with severe and persistent mental illness who have a need for more frequent or intensive services, including persons who have not been engaged successfully in treatment services. Eligible recipients shall include individuals with a diagnosable mental illness that impairs functions in two (2) or more life domains, such as self-care, social functioning, activities of daily living, economic self-sufficiency, self-direction, and concentration.
- (B) Eligible subpopulations include heavy users of crisis and inpatient services, homeless individuals who are mentally ill, mentally ill substance abusers, forensic consumers, and persons with combined mental illness and developmental disabilities.

(2) Seriously emotionally disturbed or chemically dependent children, or both, as follows:

- (A) Case management services shall be provided by staff who have demonstrated competency in child development, serious emotional disturbances and behavioral disorders, parenting-behavioral management, and the specific services they are providing.
- (B) Case management shall be provided for children and their families with multiple needs, which have not been successfully resolved in traditional outpatient treatment services.
- (C) Eligible recipients include children with diagnosable mental illnesses or chemical addictions that impair functions in one (1) or more life domains, such as life skills, school level of functioning, social functioning, and supports (family, school, and community). Eligible subpopulations include heavy users of crisis and inpatient services, children at-risk for out-of-home placement, children with combined mental illness and developmental disabilities, and seriously emotionally disturbed youth transitioning to adulthood.

(3) For adults who are chemically addicted, supportive and intensive case management services shall be available during the treatment episode. Services may include ongoing case management services following active treatment, and the case manager shall be involved in the development of an aftercare/relapse prevention plan.

(Division of Mental Health and Addiction; 440 IAC 9-2-10; filed Jan 2, 2003, 10:12 a.m.: 26 IR 1940)

440 IAC 9-2-11 Outpatient services

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-23-12-1; IC 12-24-12-10; IC 12-24-19-4; 42 CFR 2

Sec. 11. (a) Managed care providers and community mental health centers shall provide or arrange for the provision of outpatient services according to the standards set out in this section. Managed care providers and community mental health centers shall ensure that their subcontractors who provide outpatient services also meet the same standards.

(b) Outpatient services include assessment and treatment (counseling and intensive outpatient services). These services provide a comprehensive, coordinated, and structured set of therapeutic interactions that may vary in the level of intensity, according to the level of functioning and treatment needs of the consumer.

(c) Each agency shall ensure accessibility of outpatient services. The agency shall have the following, at a minimum:

(1) Established office hours, including evening hours or weekend hours, or both.

(2) Outpatient services available within an hour's travel time throughout the agency's primary service area.

(3) Linkages to the other components of the continuum of care, including the following:

(A) Crisis intervention.

(B) Individualized treatment planning.

(C) Medication evaluation and monitoring.

(D) Case management.

(E) Day treatment.

(F) Acute stabilization.

(G) Residential services.

(H) Family support services.

(I) Services to prevent unnecessary and inappropriate treatment and hospitalization, including utilization review.

(d) Each agency shall develop a process to ensure appropriate access, consonant with each consumer's needs, to intake/screening and comprehensive assessment, leading to the development of the individualized treatment plan with the consumer, and appropriate treatment.

(e) Assessment and treatment services for seriously emotionally disturbed children shall include the family, foster family, or legal guardian in the assessment and treatment process.

(f) Assessment and treatment services for addicted children shall only include the family, foster family, or legal guardian in the assessment and treatment process if the minor consents to the notification and participation in accordance with IC 12-23-12-1 and 42 CFR 2.

(g) The type and intensity of services provided to an adult consumer shall be based upon the clinical judgment of competent staff and the consumer's preference of services and clinician.

(h) The agency shall set standards for clinicians providing outpatient assessment and treatment services that include required levels of training, experience, competencies, and clinical supervision.

(i) Outpatient treatment services shall consist of a combination of individual, group, and family therapeutic interventions that promote the achievement of the individual's treatment plan.

(j) Outpatient treatment services shall refer consumers with health or legal issues to appropriate medical or legal resources and assist to coordinate this care when appropriate.

(k) Outpatient addiction assessment shall include screening for co-occurring mental health problems and gambling disorders. If the assessment indicates that there is a co-occurring disorder, the agency shall provide appropriate treatment or referral for the consumer.

(l) Outpatient assessment for seriously mentally ill adults and seriously emotionally disturbed children shall include screening for co-occurring substance abuse and gambling disorders. If the assessment indicates that there is a co-occurring disorder, the agency shall provide appropriate treatment or referral for the consumer.

(m) Intensive outpatient addiction treatment is a milieu of treatment with a combination of counseling and education activities consisting of sessions at least two (2) hours, three (3) days a week for a minimum of four (4) weeks.

(n) Intensive outpatient addiction treatment shall include a relapse prevention plan appropriate to the needs and preferences

of the consumer. This plan may include aftercare treatment or case management. (*Division of Mental Health and Addiction; 440 IAC 9-2-11; filed Jan 2, 2003, 10:12 a.m.: 26 IR 1941*)

440 IAC 9-2-12 Medication evaluation and monitoring

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-24-12-10; IC 12-24-19-4; IC 12-26

Sec. 12. (a) Managed care providers and community mental health centers shall provide or arrange for the provision of medication evaluation and monitoring according to the standards set out in this section. Managed care providers and community mental health centers shall ensure that their subcontractors who provide medication evaluation and monitoring also meet the same standards.

(b) Medication evaluation and monitoring includes the following:

- (1) Assessment of the need for medication.
- (2) Prescription of medications by staff with license to prescribe medications.
- (3) Dispensing or administration of prescribed medications.
- (4) Monitoring of medications by qualified direct care staff.

(c) Goals of services, developed with the consumer, shall be directed toward maximizing consumer's functioning and reducing symptoms and side effects.

(d) Medication evaluation shall be planned and carried out by staff with license to prescribe medications.

(e) Medication evaluation assessments shall include the following:

- (1) A comprehensive mental health or behavioral assessment, or both.
- (2) A physical health screen with referral for physical examination when clinically indicated.
- (3) The review of all drugs used, their effects, side effects, and contraindications, including interactions with over-the-counter drugs and other substances.
- (4) Consideration of consumer preferences as evidenced by documentation.

(f) The agency shall provide education regarding prescribed medication, including the following:

- (1) Education of the consumer and, with the consumer's consent, the consumer's family or legal representative regarding the targeted symptoms, medications prescribed, possible side effects, and interactions with over-the-counter drugs and other substances.
- (2) Education of other agency direct care staff regarding psychotropic medications, possible side effects, and interactions with over-the-counter drugs and other substances.

(g) Each agency shall develop policies and procedures regarding the administration, dispensing, and monitoring of prescribed medications.

(h) Medication monitoring shall include the following:

- (1) Coordination with the primary health care provider based on the needs of the consumer.
- (2) Observation, in the natural environment, of the consumer taking his or her medication if the need for compliance monitoring is indicated by the individual's level of functioning.

(i) Medication monitoring shall be provided by qualified staff, which may include case managers with training and demonstrated competence.

(j) Each agency shall have a plan to assist indigent consumers to access psychotropic medications.

(k) Documentation of assessments, prescriptions, administration, dispensing, and monitoring of medications shall:

- (1) be legible and complete;
- (2) identify target symptoms and measurable goals for medications;
- (3) include notes reflecting progress toward goals; and
- (4) note adverse reactions to medications.

(*Division of Mental Health and Addiction; 440 IAC 9-2-12; filed Jan 2, 2003, 10:12 a.m.: 26 IR 1942*)

440 IAC 9-2-13 Family support

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-23-12-1; IC 12-24-12-10; IC 12-24-19-4

DIVISION OF MENTAL HEALTH AND ADDICTION

Sec. 13. (a) Managed care providers and community mental health centers shall provide family support services in accordance with the standards set out in this section.

(b) Opportunities for family involvement and support shall be identified during the initial assessment and reassessed during regular case review.

(c) Family members, legal representatives, or others identified by the consumer as a source of support shall be invited to be involved in treatment planning and other activities with the consent of the adult consumer or the consent of the addicted child in accordance with IC 12-23-12-1 and 42 CFR Part 2.

(d) Input and information provided by the family, legal representative, or supportive others shall be given consideration and utilized when appropriate.

(e) Education regarding an individual's mental illness or addiction issues shall be provided for family members, legal representatives, and supportive others with the consumer's consent, including the following:

- (1) Typical symptoms and crisis management.
 - (2) Medications and side effects of medications.
 - (3) Community resources.
 - (4) Applicable laws, legal issues, and rights of consumers. and
 - (5) Family dynamics.
- (f) Direct service staff shall receive training which addresses the following:
- (1) Applicable laws, legal issues, and rights of consumers.
 - (2) Sensitivity in dealing with families and supportive others in crisis.
 - (3) Cultural diversity. and
 - (4) Family dynamics.

(Division of Mental Health and Addiction; 440 IAC 9-2-13; filed May 19, 2003, 9:15 a.m.: 26 IR 3337)

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