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; readopted filed Apr 7, 2008, 3:40 p.m.: 20080507-IR-440070745RFA)*

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; readopted filed Apr 7, 2008, 3:40 p.m.: 20080507-IR-440070745RFA)*

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; readopted filed Apr 7, 2008, 3:40 p.m.: 20080507-IR-440070745RFA)*

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; readopted filed Apr 7, 2008, 3:40 p.m.: 20080507-IR-440070745RFA)*

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; readopted filed Apr 7, 2008, 3:40 p.m.: 20080507-IR-440070745RFA)*

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; readopted filed Apr 7, 2008, 3:40 p.m.: 20080507-IR-440070745RFA)*

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; readopted filed Apr 7, 2008, 3:40 p.m.: 20080507-IR-440070745RFA)*

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; readopted filed Apr 7, 2008, 3:40 p.m.: 20080507-IR-440070745RFA)*

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 23-17
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; readopted filed Apr 7, 2008, 3:40 p.m.: 20080507-IR-440070745RFA)

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; readopted filed Apr 7, 2008, 3:40 p.m.: 20080507-IR-440070745RFA)*

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; readopted filed Apr 7, 2008, 3:40 p.m.: 20080507-IR-440070745RFA)*

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; readopted filed Apr 7, 2008, 3:40 p.m.: 20080507-IR-440070745RFA)*

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; readopted filed Apr 7, 2008, 3:40 p.m.: 20080507-IR-440070745RFA)

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; readopted filed Apr 7, 2008, 3:40 p.m.: 20080507-IR-440070745RFA)

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; readopted filed Apr 7, 2008, 3:40 p.m.: 20080507-IR-440070745RFA)

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; readopted filed Apr 7, 2008, 3:40 p.m.: 20080507-IR-440070745RFA)

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; readopted filed Apr 7, 2008, 3:40 p.m.: 20080507-IR-440070745RFA)

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; readopted filed Apr 7, 2008, 3:40 p.m.: 20080507-IR-440070745RFA)

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; readopted filed Apr 7, 2008, 3:40 p.m.: 20080507-IR-440070745RFA)

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; readopted filed Apr 7, 2008, 3:40 p.m.: 20080507-IR-440070745RFA)

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; readopted filed Apr 7, 2008, 3:40 p.m.: 20080507-IR-440070745RFA)*

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; readopted filed Apr 7, 2008, 3:40 p.m.: 20080507-IR-440070745RFA)

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; readopted filed Apr 7, 2008, 3:40 p.m.: 20080507-IR-440070745RFA)*

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; readopted filed Apr 7, 2008,

3:40 p.m.: 20080507-IR-440070745RFA)

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

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; readopted filed Apr 7, 2008, 3:40 p.m.: 20080507-IR-440070745RFA)

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