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**TITLE 440 DIVISION OF MENTAL HEALTH  
AND ADDICTION**

LSA Document #01-357(F)

**DIGEST**

Adds 440 IAC 9-2-7, 440 IAC 9-2-8, and 440 IAC 9-2-9 to establish standards and requirements for community mental health centers and certified managed care providers regarding residential services for adults with psychiatric disorders, residential services for adults with addictions, and residential services for seriously emotionally disturbed or addicted children. Repeals 440 IAC 7-2-16, 440 IAC 7-2-17, and 440 IAC 7-2-18. Effective 30 days after filing with the secretary of state.

<b>440 IAC 7-2-16</b>	<b>440 IAC 9-2-7</b>
<b>440 IAC 7-2-17</b>	<b>440 IAC 9-2-8</b>
<b>440 IAC 7-2-18</b>	<b>440 IAC 9-2-9</b>

SECTION 1. 440 IAC 9-2-7 IS ADDED TO READ AS FOLLOWS:

**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)*

SECTION 2. 440 IAC 9-2-8 IS ADDED TO READ AS FOLLOWS:

**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)*

SECTION 3. 440 IAC 9-2-9 IS ADDED TO READ AS FOLLOWS:

**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)*

SECTION 4. THE FOLLOWING ARE REPEALED: 440 IAC 7-2-16; 440 IAC 7-2-17; 440 IAC 7-2-18.

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