

**TITLE 460 DIVISION OF DISABILITY, AGING, AND
REHABILITATIVE SERVICES**

LSA Document #02-326(F)

DIGEST

Amends 460 IAC 6 concerning types of supported living services and supports, provider qualifications and supervision, and reporting requirements. Effective 30 days after filing with the secretary of state.

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SECTION 1. 460 IAC 6-3, AS ADDED AT 26 IR 749, SECTION 1, IS AMENDED BY ADDING A NEW SECTION TO READ AS FOLLOWS:

460 IAC 6-3-2.1 “Adult foster care services” defined

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 2.1. “Adult foster care services” means a living arrangement in which an individual lives in the private home of a principal caregiver who is unrelated to the individual. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-3-2.1; filed Aug 29, 2003, 10:30 a.m.: 27 IR 101)*

SECTION 2. 460 IAC 6-3, AS ADDED AT 26 IR 749, SECTION 1, IS AMENDED BY ADDING A NEW SECTION TO READ AS FOLLOWS:

460 IAC 6-3-5.1 “Applied behavior analysis services” defined

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 5.1. “Applied behavior analysis services” means therapy services that are highly intensive, individualized instruction and behavior intervention to assist an individual in developing skills with social value. Applied behavior analysis therapy is provided:

- (1) over a two (2) to three (3) year time period; and**
- (2) to individuals between two (2) years of age and seven (7) years of age.**

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-3-5.1; filed Aug 29, 2003, 10:30 a.m.: 27 IR 101)

SECTION 3. 460 IAC 6-3, AS ADDED AT 26 IR 749, SECTION 1, IS AMENDED BY ADDING A NEW SECTION TO READ AS FOLLOWS:

460 IAC 6-3-5.2 “Applied behavior analysis support plan” defined

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 5.2. “Applied behavior analysis support plan” means a plan that addresses the applied behavior analysis support needs of an individual. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-3-5.2; filed Aug 29, 2003, 10:30 a.m.: 27 IR 101)*

SECTION 4. 460 IAC 6-3, AS ADDED AT 26 IR 749, SECTION 1, IS AMENDED BY ADDING A NEW SECTION TO READ AS FOLLOWS:

460 IAC 6-3-6.1 “BDDS behavior management committee” defined

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1; IC 25-33-1.5.1

Sec. 6.1. “BDDS behavior management committee” means a group of persons appointed by the director to review the applications of individuals seeking to be approved to provide behavior management services as a Level 2 clinician pursuant to 460 IAC 6-5-4(c)(1)(E). The committee shall consist of:

- (1) at least two (2) division employees; and**
- (2) a licensed psychologist under IC 25-33 who has an endorsement as a health service provider in psychology pursuant to IC 25-33-1-5.1(c) and is not an employee of the division.**

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-3-6.1; filed Aug 29, 2003, 10:30 a.m.: 27 IR 101)

SECTION 5. 460 IAC 6-3, AS ADDED AT 26 IR 749, SECTION 1, IS AMENDED BY ADDING A NEW SECTION TO READ AS FOLLOWS:

460 IAC 6-3-10.1 “Children’s foster care services” defined

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 10.1. “Children’s foster care services” means a living arrangement in which an individual under eighteen (18) years of age lives in the private home of a principal caregiver who:

- (1) is unrelated to the individual; and**
- (2) has no legal responsibility to support the individual.**

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-3-10.1; filed Aug 29, 2003, 10:30 a.m.: 27 IR 101)

SECTION 6. 460 IAC 6-3, AS ADDED AT 26 IR 749, SECTION 1, IS AMENDED BY ADDING A NEW SECTION TO READ AS FOLLOWS:

460 IAC 6-3-15.1 “Community transition supports” defined

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 15.1. “Community transition supports” means supports that are one-time set-up expenses for an individual who is transitioning from an institution to supported living setting in the community. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-3-15.1; filed Aug 29, 2003, 10:30 a.m.: 27 IR 101)*

SECTION 7. 460 IAC 6-3, AS ADDED AT 26 IR 749, SECTION 1, IS AMENDED BY ADDING A NEW SECTION TO READ AS FOLLOWS:

460 IAC 6-3-15.3 “Cost comparison budget” or “CCB” defined

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 15.3. “Cost comparison budget” or “CCB” means the format used by the BDDS to:

(1) uniformly account for all services to be provided as specified in the service planner and home and community based services worksheet; and

(2) approve the allocation of funding for specified services for the individual.

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-3-15.3; filed Aug 29, 2003, 10:30 a.m.: 27 IR 101)

SECTION 8. 460 IAC 6-3-18, AS ADDED AT 26 IR 751, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

460 IAC 6-3-18 “Direct care staff” defined

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 18. “Direct care staff” means a person, or an agent or employee of a provider entity, who provides hands-on services to an individual while providing any of the following services:

- (1) Adult day services.**
- (2) Adult foster care services.**
- (3) Community-based sheltered employment services.**
- (4) Community education and therapeutic activities services.**
- (5) Community habilitation and participation services.**
- (6) Facility-based sheltered employment services.**
- (7) Prevocational services.**
- (8) Residential habilitation and support services.**
- (9) Respite care services.**
- (10) Supported employment services.**
- (11) Transportation services.**
- (12) Children’s foster care services.**
- (13) Independence assistance services.**

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-3-18; filed Nov 4, 2002, 12:04 p.m.: 26 IR 751; filed Aug 29, 2003, 10:30 a.m.: 27 IR 102)

SECTION 9. 460 IAC 6-3-25, AS ADDED AT 26 IR 752, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

460 IAC 6-3-25 “Facility-based sheltered employment services” defined

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 25. “Facility-based sheltered employment services” means employment services provided to an individual that implement the individual’s training goals outcomes and in which the individual is provided remuneration or other occupational activity. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-3-25; filed Nov 4, 2002, 12:04 p.m.: 26 IR 752; filed Aug 29, 2003, 10:30 a.m.: 27 IR 102)*

SECTION 10. 460 IAC 6-3, AS ADDED AT 26 IR 749, SECTION 1, IS AMENDED BY ADDING A NEW SECTION TO READ AS FOLLOWS:

460 IAC 6-3-29.5 “Independence assistance services” defined

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 29.5. “Independence assistance services” means services that an individual needs to maintain independence to live successfully in his or her own home. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-3-29.5; filed Aug 29, 2003, 10:30 a.m.: 27 IR 102)*

SECTION 11. 460 IAC 6-3-31, AS ADDED AT 26 IR 752, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

460 IAC 6-3-31 “Individual community living budget” or “ICLB” defined

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 31. “Individual community living budget” or “ICLB” means the format used by the BDDS to:

(1) uniformly account for all:

(A) ~~service and living costs~~ **services to be provided as specified in the service planner and BDDS monthly service cost worksheet;**

(B) living costs;

~~(B)~~ **(C) sources and amounts of income and benefits; and**

~~(C)~~ **(D) other financial issues;**

of an individual; and

(2) approve the allocation of state funding for specified services for the individual.

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-3-31; filed Nov 4, 2002, 12:04 p.m.: 26 IR 752; filed Aug 29, 2003, 10:30 a.m.: 27 IR 102)

SECTION 12. 460 IAC 6-3-32, AS ADDED AT 26 IR 753, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

460 IAC 6-3-32 “Individualized support plan” or “ISP” defined

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 32. “Individualized support plan” or “ISP” means a plan that establishes supports and strategies, **based upon the person centered planning process**, intended to accomplish the individual’s long term and short term ~~goals~~ **outcomes** by accommodating the financial and human resources offered to the individual through paid provider services or volunteer services, or both, as designed and agreed upon by the individual’s support team. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-3-32; filed Nov 4, 2002, 12:04 p.m.: 26 IR 753; filed Aug 29, 2003, 10:30 a.m.: 27 IR 102)*

SECTION 13. 460 IAC 6-3, AS ADDED AT 26 IR 749, SECTION 1, IS AMENDED BY ADDING A NEW SECTION TO READ AS FOLLOWS:

460 IAC 6-3-38.5 “Person centered planning” defined

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 38.5. “Person centered planning” means a process that:

(1) allows an individual, the individual’s legal representative, if applicable, and any other person chosen by the individual to direct the planning and allocation of resources to meet the individual’s life goals;

(2) achieves understanding of how an individual:

(A) learns;

- (B) makes decisions; and
- (C) is and can be productive;
- (3) discovers what the individual likes and dislikes; and
- (4) empowers an individual and the individual's family to create a life plan and corresponding ISP for the individual that:
 - (A) is based on the individual's preferences, dreams, and needs;
 - (B) encourages and supports the individual's long term hopes and dreams;
 - (C) is supported by a short term plan that is based on reasonable costs, given the individual's support needs;
 - (D) includes individual responsibility; and
 - (E) includes a range of supports, including funded, community, and natural supports.

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-3-38.5; filed Aug 29, 2003, 10:30 a.m.: 27 IR 103)

SECTION 14. 460 IAC 6-3, AS ADDED AT 26 IR 749, SECTION 1, IS AMENDED BY ADDING A NEW SECTION TO READ AS FOLLOWS:

460 IAC 6-3-38.6 "Person centered planning facilitation services" defined

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 38.6. "Person centered planning facilitation services" means services that are provided by a provider other than a provider of case management services that guide an individual through the person centered planning process. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-3-38.6; filed Aug 29, 2003, 10:30 a.m.: 27 IR 103)*

SECTION 15. 460 IAC 6-3, AS ADDED AT 26 IR 749, SECTION 1, IS AMENDED BY ADDING A NEW SECTION TO READ AS FOLLOWS:

460 IAC 6-3-41.1 "PRN" defined

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 41.1. "PRN" means pro re nata as needed; as the circumstances require when used in writing a prescription. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-3-41.1; filed Aug 29, 2003, 10:30 a.m.: 27 IR 103)*

SECTION 16. 460 IAC 6-3, AS ADDED AT 26 IR 749, SECTION 1, IS AMENDED BY ADDING A NEW SECTION TO READ AS FOLLOWS:

460 IAC 6-3-52.1 "Service planner" defined

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 52.1. "Service planner" means the worksheet approved by a BDDS service coordinator that outlines on a weekly basis:

- (1) the services an individual is to receive; and
- (2) the intensity of those services, including staffing levels, if applicable.

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-3-52.1; filed Aug 29, 2003, 10:30 a.m.: 27 IR 103)

SECTION 17. 460 IAC 6-3-56, AS ADDED AT 26 IR 755, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

460 IAC 6-3-56 "Therapy services" defined

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1; IC 25-33-1-5.1

Sec. 56. "Therapy services" means services provided under this article by a licensed psychologist with an endorsement as a health service provider in psychology pursuant to ~~IC 23-33-1-1.5(c)~~, **IC 25-33-1-5.1(c)**, a licensed marriage and family therapist, a licensed clinical social worker, or a licensed mental health counselor. (*Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-3-56; filed Nov 4, 2002, 12:04 p.m.: 26 IR 755; filed Aug 29, 2003, 10:30 a.m.: 27 IR 103*)

SECTION 18. 460 IAC 6-4-1, AS ADDED AT 26 IR 755, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

460 IAC 6-4-1 Types of supported living services and supports

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 1. Supported living services and supports include the following:

- (1) Adult day services.
- (2) Adult foster care services.
- (3) Behavioral support services.
- (4) Case management services.
- (5) Community-based sheltered employment services.
- (6) Community education and therapeutic activity services.
- (7) Community habilitation and participation services.
- (8) Crisis assistance services.
- (9) Enhanced dental services.
- (10) Environmental modification supports.
- (11) Facility-based sheltered employment services.
- (12) Family and caregiver training services.
- (13) Health care coordination services.
- (14) Music therapy services.
- (15) Nutritional counseling services.
- (16) Occupational therapy services.
- (17) Personal emergency response system supports.
- (18) Physical therapy services.
- (19) Prevocational services.
- (20) ~~Psychological~~ Therapy services.
- (21) Recreational therapy services.
- (22) Rent and food for unrelated live-in caregiver supports.
- (23) Residential habilitation and support services.
- (24) Residential living allowance and management services.
- (25) Respite care services.
- (26) Specialized medical equipment and supplies supports.
- (27) Speech-language therapy services.
- (28) Supported employment services.
- (29) Transportation services.
- (30) Transportation supports.
- (31) Applied behavior analysis services.**
- (32) Children's foster care services.**
- (33) Community transition supports.**
- (34) Independence assistance services.**
- (35) Person centered planning facilitation services.**

(*Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-4-1; filed Nov 4, 2002, 12:04 p.m.: 26 IR 755; filed Aug 29, 2003, 10:30 a.m.: 27 IR 103*)

SECTION 19. 460 IAC 6-5-4, AS ADDED AT 26 IR 756, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

460 IAC 6-5-4 Behavioral support services provider qualifications

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1; IC 25-23.6; IC 25-33-1-5.1

Sec. 4. (a) Until January 1, 2003, to be approved to provide behavioral support services as a Level 1 clinician, an applicant shall meet the following requirements:

(1) Be a licensed psychologist under IC 25-33 and have an endorsement as a health service provider in psychology pursuant to IC 25-33-1-5.1(c). ~~or~~

(2) Have:

(A) at least a master's degree in:

- (i) a behavioral science;
- (ii) special education; or
- (iii) social work; and

(B) evidence of five (5) years of experience in:

- (i) working directly with individuals with developmental disabilities, including the devising, implementing, and monitoring of behavioral support plans; and
- (ii) the supervision and training of others in the implementation of behavioral support plans.

(b) Effective January 1, 2003, to be approved to provide behavioral support services as a licensed Level 1 clinician, ~~or~~ **an** applicant shall be a licensed psychologist under IC 25-33 and have an endorsement as a health service provider in psychology pursuant to IC 25-33-1-5.1(c).

(c) To be approved to provide behavioral support services as a Level 2 clinician, an applicant shall meet the following requirements:

(1) Either:

(A) have a master's degree in:

- (i) **clinical psychology, counseling psychology, school psychology, or another applied health service area of psychology;**
- (ii) special education; ~~or~~
- (iii) social work; or
- (iv) **counseling;**

(B) be a licensed marriage and family therapist licensed under IC 25-23.6;

(C) be a licensed clinical social worker under IC 25-23.6;

(D) be a licensed mental health counselor under IC 25-23.6;

(E) have a master's degree in a human services field and be able to demonstrate to the BDDS behavior management committee that the individual has either coursework in or five (5) years of experience in devising, implementing, and monitoring behavior support plans; or

~~(B)~~ **(F) meet all of the following requirements:**

(i) Have a bachelor's degree.

(ii) Be employed as a behavioral consultant on or before September 30, 2001, by a provider of behavioral support services approved under this article.

(iii) Be working on a master's degree in psychology, special education, or social work.

(iv) By December 31, 2006, complete a master's degree in **clinical psychology, school psychology, or another applied health service area of psychology,** special education, or social work.

(2) Be supervised by a Level 1 clinician.

(d) To maintain approval as a behavioral support services provider, a behavioral support services provider shall:

(1) obtain annually at least ten (10) continuing education hours related to the practice of behavioral support:

(A) from a Category I sponsor as provided in 868 IAC 1.1-15; or

(B) as provided by the BDDS's behavioral support curriculum list; or

(2) be enrolled in:

(A) a master's level program in **clinical psychology, counseling psychology, school psychology, or another applied health services area of psychology,** or special education, or social work; or

(B) a doctoral program in psychology.

(e) For an entity to be approved to provide behavioral support services, the entity shall certify that, if approved, the entity shall provide Level 1 clinician behavioral support services or Level 2 clinician behavioral support services using only persons who meet the qualifications set out in this section. **If a provider is using a Level 2 clinician under subsection (c)(1)(F), the provider shall certify that the Level 2 clinician will not provide services under this rule until the BDDS behavior management committee has approved the credentials of the Level 2 clinician.**

(f) The provisions in subsection ~~(c)(1)(B)~~ **(c)(1)(F)** expire on December 31, 2006. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-5-4; filed Nov 4, 2002, 12:04 p.m.: 26 IR 756; filed Aug 29, 2003, 10:30 a.m.: 27 IR 104)*

SECTION 20. 460 IAC 6-5-7, AS ADDED AT 26 IR 757, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

460 IAC 6-5-7 Community education and therapeutic activity services provider qualifications

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 7. To be approved to provide community education and therapeutic activities services, an applicant shall be **otherwise approved to provide supported living services approved** under this article. ~~to provide either:~~

~~(1) residential habilitation and support services; or~~

~~(2) community habilitation and participation services.~~

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-5-7; filed Nov 4, 2002, 12:04 p.m.: 26 IR 757; filed Aug 29, 2003, 10:30 a.m.: 27 IR 105)

SECTION 21. 460 IAC 6-5-21, AS ADDED AT 26 IR 759, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

460 IAC 6-5-21 Therapy services provider qualifications

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1; IC 25-23.6; IC 25-33-1-5.1

Sec. 21. (a) To be approved to provide ~~psychological~~ therapy services, an applicant shall be:

(1) a psychologist licensed under IC 25-33-1 and have an endorsement as a health service provider in psychology pursuant to IC 25-33-1-5.1(c);

(2) a marriage and family therapist licensed under IC 25-23.6; ~~IC 25-22.5;~~

(3) a clinical social worker licensed under IC 25-23.6; or

(4) a mental health counselor licensed under IC 25-23.6.

(b) For an entity to be approved to provide ~~psychological~~ therapy services, the entity shall certify that, if approved, the entity will provide ~~psychological~~ therapy services using only persons who meet the qualifications set out in this section. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-5-21; filed Nov 4, 2002, 12:04 p.m.: 26 IR 759; filed Aug 29, 2003, 10:30 a.m.: 27 IR 105)*

SECTION 22. 460 IAC 6-5, AS ADDED AT 26 IR 756, SECTION 1, IS AMENDED BY ADDING A NEW SECTION TO READ AS FOLLOWS:

460 IAC 6-5-32 Applied behavior analysis services provider qualifications

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1; IC 25-22.5; IC 25-33-1-5.1

Sec. 32. (a) To be approved to provide applied behavior analysis services as a lead therapist, an applicant shall meet the following requirements:

(1) Either be a licensed:

(A) psychiatrist under IC 25-22.5; or

(B) psychologist under IC 25-33 and have an endorsement as a health service provider in psychology pursuant to IC 25-33-1-5.1(c).

(2) Meet all of the following requirements:

(A) Have completed at least one thousand five hundred (1,500) hours of training or supervised experience in the application of applied behavior analysis or an equivalent behavior modification theory for children with a pervasive developmental disorder.

(B) Have at least two (2) years of experience as an independent practitioner and as a supervisor of less experienced clinicians.

(b) To be approved to provide applied behavior analysis services as a senior therapist, an applicant shall either:

(1) be a psychotherapist; or

(2) meet the following requirements:

(A) Have completed at least three thousand (3,000) hours of training or supervised experience in the application of applied behavior analysis or an equivalent behavior modification theory for children with a pervasive developmental disorder.

(B) Have at least four hundred (400) hours of training or supervised experience in the use of applied behavior analysis or an equivalent behavior modification program for children with an autistic disorder, asperger's disorder, or a pervasive developmental disorder, which may be included in the three thousand (3,000) hour training requirement in clause (A).

(c) To be approved to provide applied behavior analysis services as line staff, an applicant must either:

(1) be in at least the second year of college and have obtained at least thirty (30) hours of experience utilizing intensive behavioral treatment with children with autism or at least one hundred sixty (160) hours working in any setting with children with autism; or

(2) be at least eighteen (18) years of age, a high school graduate, and have received at least two thousand (2,000) hours of training or supervised experience in the application of applied behavior analysis or an equivalent behavior modification program in a setting working with children with autism.

(d) To maintain approval as a senior therapist, a senior therapist shall obtain annually at least ten (10) continuing education hours related to applied behavior analysis:

(1) from a Category I sponsor as provided in 868 IAC 1.1-15; or

(2) as provided by the BDDS's applied behavior analysis support curriculum list.

(e) For an entity to be approved to provide applied behavior analysis services, the entity shall certify that, if approved, the entity shall provide lead therapist services, senior therapist services, or line staff services using only persons who meet the qualifications set out in this section. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-5-32; filed Aug 29, 2003, 10:30 a.m.: 27 IR 105)*

SECTION 23. 460 IAC 6-5, AS ADDED AT 26 IR 756, SECTION 1, IS AMENDED BY ADDING A NEW SECTION TO READ AS FOLLOWS:

460 IAC 6-5-33 Children's foster care provider qualifications

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 33. To be approved to provide children's foster care services, an applicant shall:

(1) be an entity approved to provide supported living services under this article; and

(2) certify that, if approved, the entity will provide children's foster care services using only persons who meet the qualifications set out in 460 IAC 6-14-5.

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-5-33; filed Aug 29, 2003, 10:30 a.m.: 27 IR 106)

SECTION 24. 460 IAC 6-5, AS ADDED AT 26 IR 756, SECTION 1, IS AMENDED BY ADDING A NEW SECTION TO READ AS FOLLOWS:

460 IAC 6-5-34 Community transition supports provider qualifications

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 34. To be approved to provide community transition supports, an applicant shall be approved under this article to provide residential living allowance and management services. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-5-34; filed Aug 29, 2003, 10:30 a.m.: 27 IR 106)*

SECTION 25. 460 IAC 6-5, AS ADDED AT 26 IR 756, SECTION 1, IS AMENDED BY ADDING A NEW SECTION TO READ AS FOLLOWS:

460 IAC 6-5-35 Independence assistance services provider qualifications

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 35. To be approved to provide independence assistance services, an applicant shall be either:

(1) approved to provide residential habilitation and support services under this article; or

(2) a home health agency; and

certify that, if approved, the entity will provide independence assistance services using only persons who meet the direct care staff qualifications set out in 460 IAC 6-14-5. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-5-35; filed Aug 29, 2003, 10:30 a.m.: 27 IR 106)*

SECTION 26. 460 IAC 6-5, AS ADDED AT 26 IR 756, SECTION 1, IS AMENDED BY ADDING A NEW SECTION TO READ AS FOLLOWS:

460 IAC 6-5-36 Person centered planning facilitation services provider qualifications

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 36. (a) To be approved to provide person centered planning facilitation services an applicant shall either:

(1) be an entity approved to provide supported living services under this article; or

(2) complete the requirements set out in 460 IAC 7-4-1(c).

(b) For an entity to be approved to provide person centered planning facilitation services, an entity shall certify that, if approved, the entity will provide person centered planning facilitation services using only persons who meet the qualifications set out in 460 IAC 7-4-5.1(c). *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-5-36; filed Aug 29, 2003, 10:30 a.m.: 27 IR 106)*

SECTION 27. 460 IAC 6-6-2, AS ADDED AT 26 IR 761, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

460 IAC 6-6-2 Initial application

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 2. To receive initial approval as a supported living services or supports provider, an applicant shall submit the following for each supported living service or support for which the applicant is seeking to be an approved provider:

(1) An application on a form prescribed by the BDDS.

(2) Evidence that the provider meets the qualifications for each supported living service or support that the provider is seeking to be approved to provide as specified in this article.

(3) Supporting documents specified on the application form to demonstrate the applicant's programmatic, financial and managerial ability to provide supported living services or supports as set out in this article.

(4) A written and signed statement that the applicant will comply with the provisions of this article.

(5) A written and signed statement that the applicant will provide services to an individual as set out in the individual's CCB, ICLB, and ISP.

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-6-2; filed Nov 4, 2002, 12:04 p.m.: 26 IR 761;

filed Aug 29, 2003, 10:30 a.m.: 27 IR 106)

SECTION 28. 460 IAC 6-6-3, AS ADDED AT 26 IR 762, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

460 IAC 6-6-3 Action on application

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 4-21.5; IC 12-11-1.1; IC 12-11-2.1

Sec. 3. (a) The BDDS shall determine whether an applicant meets the requirements under this article.

(b) Upon review of an initial application, the BDDS shall either:

- (1) approve the applicant for a period not to exceed (3) years; or
- (2) deny approval to an applicant that does not meet the approval requirements of this article.

(c) If an applicant is seeking to obtain approval as a Level 2 clinician pursuant to 460 IAC 6-5-4(c)(1)(E), the BDDS behavior management committee shall review the applicant's credentials.

~~(c)~~ (d) The BDDS shall notify an applicant in writing of the BDDS's determination within sixty (60) days of submission of a completed application.

~~(d)~~ (e) If an applicant is adversely affected or aggrieved by the BDDS's determination, the applicant may request administrative review of the determination. Such request shall be made in writing and filed with the director of the division within fifteen (15) days after the applicant receives written notice of the BDDS's determination. Administrative review shall be conducted pursuant to IC 4-21.5. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-6-3; filed Nov 4, 2002, 12:04 p.m.: 26 IR 762; filed Aug 29, 2003, 10:30 a.m.: 27 IR 107)*

SECTION 29. 460 IAC 6-7-2, AS ADDED AT 26 IR 763, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

460 IAC 6-7-2 Monitoring; corrective action

Authority: IC 12-8-4-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 2. (a) The BDDS shall monitor compliance with the requirements of this article at the following times:

- (1) At least annually.
- (2) Upon receiving a complaint or report alleging a provider's noncompliance with the requirements of this article.

(b) The BDDS shall monitor compliance with the requirements of this article through any of the following means:

- (1) Requesting and obtaining information from the provider.
- (2) Site inspections.
- (3) Meeting with an individual or the individual's legal representative as applicable.
- (4) Review of provider records and the records of an individual.
- (5) Follow-up inspection as is reasonably necessary to determine compliance after the BDDS has requested a corrective action plan.

(c) After any site inspection, the BDDS shall issue a written report. The report shall:

- (1) be prepared by the BDDS or its designee;
- (2) document the findings made during monitoring;
- (3) identify necessary corrective action;
- (4) identify the time period in which a corrective action plan shall be ~~completed~~ **submitted to the BDDS or its designee and the time period in which a corrective action plan is to be completely implemented** by the provider;
- (5) identify any documentation needed from the provider to support the provider's completion of the corrective action plan; and
- (6) be submitted to the provider.

(d) A provider shall:

(1) submit a corrective plan of action to the BDDS or its designee within the time frame identified by the BDDS or its designee;

~~(1)~~ **(2) complete and implement** a corrective action plan to the reasonable satisfaction of the BDDS or its designee within the time period identified ~~in the corrective action plan, by the BDDS,~~ or within such longer time period agreed to by the BDDS or its designee and the provider;

~~(2)~~ **(3) notify the BDDS or its designee upon the completion of a corrective action plan; and**

~~(3)~~ **(4) provide the BDDS or its designee with any requested documentation.**

(e) If a complaint is filed by a person other than an individual receiving services, BDDS or its designee shall notify the person filing the complaint of the following:

(1) The completion of the BDDS's monitoring as a result of the complaint.

(2) The completion of any corrective action by the provider as a result of the BDDS' monitoring of a provider.

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-7-2; filed Nov 4, 2002, 12:04 p.m.: 26 IR 763; filed Aug 29, 2003, 10:30 a.m.: 27 IR 107)

SECTION 30. 460 IAC 6-7-3, AS ADDED AT 26 IR 763, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

460 IAC 6-7-3 Effect of noncompliance; notice

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 4-21.5; IC 12-11-1.1; IC 12-11-2.1

Sec. 3. (a) If a provider does not comply with the requirements of this article and does not complete a corrective action plan to the reasonable satisfaction of the BDDS or its designee within the time allowed, the BDDS shall not authorize:

(1) the continuation of services to an individual or individuals by the provider, if the services do not comply with this article; ~~or~~

(2) the receipt of services by individuals not already receiving services from the provider at the time the determination is made that the provider did not implement a corrective action plan to the reasonable satisfaction of the BDDS or its designee; **or**

(3) both.

(b) After an acceptable corrective plan of action has been submitted to the BDDS, the BDDS shall monitor the provider's compliance with the corrective action plan. If the BDDS determines that the provider has not implemented the corrective plan of action, the BDDS shall not authorize:

(1) the continuation of services to an individual or individuals by the provider, if the services do not comply with this article; ~~or~~

(2) the receipt of services by individuals not already receiving services from the provider at the time the determination is made that the provider did not submit a corrective action plan to the reasonable satisfaction of the BDDS or its designee; **or**

(3) both.

(c) The BDDS shall give written notice of the BDDS's action under subsection (a) or (b) to:

(1) the provider;

(2) the individual receiving service from the provider; and

(3) the individual's legal representative if applicable.

(d) The written notice under subsection (c) shall include the following:

(1) The requirements of this article with which the provider has not complied.

(2) The effective date, with at least thirty (30) days' notice, of the BDDS's action under subsection (a).

(3) The need for planning to obtain services that comply with this article for an individual or individuals.

(4) The provider's right to seek administrative review of the BDDS's action.

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-7-3; filed Nov 4, 2002, 12:04 p.m.: 26 IR 763; filed Aug 29, 2003, 10:30 a.m.: 27 IR 108)

SECTION 31. 460 IAC 6-9-5, AS ADDED AT 26 IR 767, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

460 IAC 6-9-5 Incident reporting

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 5. (a) An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS:

(1) Alleged, suspected, or actual abuse, neglect, or exploitation of an individual. An incident in this category shall also be reported to adult protective services or child protection services as applicable. The provider shall suspend staff involved in an incident from duty pending investigation by the provider.

(2) Death of an individual. A death shall also be reported to adult protective services or child protection services as applicable. **A death shall also be reported to the BDDS's central office in Indianapolis not later than twenty-four (24) hours after the death.**

(3) A service delivery site that compromises the health and safety of an individual while the individual is receiving services from the following causes:

(A) A significant interruption of a major utility, such as electricity, heat, water, air conditioning, plumbing, fire alarm, or sprinkler system.

(B) Environmental or structural problems associated with a habitable site that compromise the health and safety of an individual, including:

(i) inappropriate sanitation;

(ii) serious lack of cleanliness;

(iii) rodent or insect infestation;

(iv) structural damage; or

(v) damage caused by flooding, tornado, or other acts of nature.

(4) Fire resulting in relocation, personal injury, property loss, or other health and safety concerns to or for an individual receiving services.

(5) Elopement of an individual.

(6) Suspected or actual criminal activity by:

(A) a staff member, employee, or agent of a provider; or

(B) an individual receiving services.

(7) An event with the potential for causing significant harm or injury and requiring medical or psychiatric treatments or services to or for an individual receiving services.

(8) Admission of an individual to a nursing facility, including respite stays.

(9) Injury to an individual when the origin or cause of the injury is unknown.

(10) A significant injury to an individual, including:

(A) a fracture;

(B) a burn greater than first degree;

(C) choking that requires intervention; or

(D) contusions or lacerations.

(11) An injury that occurs while an individual is restrained.

(12) A medication error, except for refusal to take medications, that jeopardizes an individual's health and safety, **as determined by the individual's personal physician**, including the following:

(A) Medication given that was not prescribed or ordered for the individual.

(B) Failure to administer medication as prescribed, including:

(i) incorrect dosage;

(ii) missed medication; and

(iii) failure to give medication at the appropriate time.

(13) Inadequate staff support for an individual, including inadequate supervision, with the potential for:

(A) significant harm or injury to an individual; or

(B) death of an individual.

(14) Inadequate medical support for an individual, including failure to obtain:

(A) necessary medical services;

(B) routine dental or physician services; or

(C) medication timely resulting in missed medications.

(15) Use of any PRN medication related to an individual's behavior. An incident report related to the use of PRN medication related to an individual's behavior must include the following information:

(A) The length of time of the individual's behavior that resulted in the use of the PRN medication related to the individual's behavior.

(B) A description of what precipitated the behavior resulting in the use of PRN medication related to the individual's behavior.

(C) A description of the steps that were taken prior to the use of the PRN medication to avoid the use of a PRN medication related to the individual's behavior.

(D) If a PRN medication was used before a medical or dental appointment, a description of the desensitization plan in place to lessen the need for a PRN medication for a medical or dental appointment.

(E) The criteria the provider has in place for use of a PRN medication related to an individual's behavior.

(F) A description of the provider's PRN medication protocol related to an individual's behavior, including the provider's:

(i) notification process regarding the use of a PRN medication related to an individual's behavior; and

(ii) approval process for the use of a PRN medication related to an individual's behavior.

(G) The name and title of the staff approving the use of the PRN medication related to the individual's behavior.

(H) The medication and dosage that was approved for the PRN medication related to the individual's behavior.

(I) The date and time of any previous PRN medication given to the individual related to the individual's behavior based on current records.

(b) An incident described in subsection (a) shall be reported by a provider or an employee or agent of a provider who:

(1) is providing services to the individual at the time of the incident; or

(2) becomes aware of or receives information about an alleged incident.

(c) An initial report regarding an incident shall be submitted within twenty-four (24) hours of:

(1) the occurrence of the incident; or

(2) the reporter becoming aware of or receiving information about an incident.

(d) The provider providing case management services to an individual shall submit a follow-up report concerning the incident on the BDDS's follow-up incident report form at the following times:

(1) Within seven (7) days of the date of the initial report.

(2) Every seven (7) days thereafter until the incident is resolved.

(e) All information required to be submitted to the BDDS shall also be submitted to the provider of case management services to the individual. (*Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-9-5; filed Nov 4, 2002, 12:04 p.m.: 26 IR 767; filed Aug 29, 2003, 10:30 a.m.: 27 IR 108*)

SECTION 32. 460 IAC 6-9, AS ADDED AT 26 IR 765, SECTION 1, IS AMENDED BY ADDING A NEW SECTION TO READ AS FOLLOWS:

460 IAC 6-9-7 Notice of termination of services

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 7. (a) A provider shall give an individual and an individual's representative at least sixty (60) days' written notice before terminating the individual's services if the services being provided to the individual are of an ongoing nature.

(b) If the provider is providing any services to the individual, besides case management services, before terminating services the provider shall:

(1) participate in the development of a new or updated ISP prior to terminating services; and

(2) continue providing services to the individual until a new provider providing similar services is in place.

(c) If the provider is providing case management services to the individual, before terminating services the provider shall:

(1) participate in a team meeting in which the individual's new provider providing case management provider is present; and

(2) coordinate the transfer of case management services to the new provider providing case management services.

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-9-7; filed Aug 29, 2003, 10:30 a.m.: 27 IR 109)

SECTION 33. 460 IAC 6-10-5, AS ADDED AT 26 IR 768, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

460 IAC 6-10-5 Documentation of criminal histories

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1; IC 16-27-2-5; IC 31-33-22-1; IC 35-42-1; IC 35-42-4; IC 35-43-4; IC 35-46-1-12; IC 35-46-1-13

Sec. 5. (a) A provider shall obtain a limited criminal history from the Indiana central repository for criminal history information from each employee, officer, or agent involved in the management, administration, or provision of services.

(b) The limited criminal history shall verify that the employee, officer, or agent has not been convicted of the following:

(1) A sex crime (IC 35-42-4).

(2) Exploitation of an endangered adult (IC 35-46-1-12).

(3) Failure to report:

(A) battery, neglect, or exploitation of an endangered adult (IC 35-46-1-13); or

(B) abuse or neglect of a child (IC 31-33-22-1).

(4) Theft (IC 35-43-4), if the person's conviction for theft occurred less than ten (10) years before the person's employment application date, except as provided in IC 16-27-2-5(a)(5).

(5) Murder (IC 35-42-1-1).

(6) Voluntary manslaughter (IC 35-42-1-3).

(7) Involuntary manslaughter (IC 35-42-1-4).

(8) Felony battery.

(9) A felony offense relating to a controlled substance.

(c) A provider shall also obtain a criminal history check from each county in which an employee, officer, or agent involved in the management, administration, or provision of services has resided during the three (3) years before the criminal history check is requested from the county.

~~(c)~~ (d) A provider shall have a report from the state nurse aid registry of the Indiana state department of health verifying that each ~~employee or agent involved in the management, administration, and provision of services~~ direct care staff has not had a finding entered into the state nurse aide registry. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-10-5; filed Nov 4, 2002, 12:04 p.m.: 26 IR 768; filed Aug 29, 2003, 10:30 a.m.: 27 IR 110)*

SECTION 34. 460 IAC 6-10-8, AS ADDED AT 26 IR 769, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

460 IAC 6-10-8 Resolution of disputes

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 4-21.5; IC 12-11-1.1; IC 12-11-2.1

Sec. 8. (a) If a dispute arises between or among providers, the dispute resolution process set out in this section shall be implemented.

(b) The resolution of a dispute shall be designed to address an individual's needs.

(c) The parties to the dispute shall attempt to resolve the dispute informally through an exchange of information and possible resolution.

(d) If the parties are not able to resolve the dispute **within fifteen (15) days**:

(1) each party shall document:

(A) the issues in the dispute;

(B) their positions; and

(C) their efforts to resolve the dispute; and

(2) the parties shall refer the dispute to the individual's support team for resolution.

(e) The parties shall abide by the decision of the individual's support team.

(f) If an individual's support team cannot resolve the matter **within fifteen (15) days after the dispute is referred to the individual's support team**, then the parties shall refer the matter to the individual's service coordinator for resolution of the dispute.

(g) The service coordinator shall **make a decision within fifteen (15) days after the dispute is referred to the service coordinator and** give the parties notice of the service coordinator's decision pursuant to IC 4-21.5.

(h) Any party adversely affected or aggrieved by the service coordinator's decision may request administrative review of the service coordinator's decision within fifteen (15) days after the party receives written notice of the service coordinator's decision.

(i) Administrative review shall be conducted pursuant to IC 4-21.5. (*Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-10-8; filed Nov 4, 2002, 12:04 p.m.: 26 IR 769; filed Aug 29, 2003, 10:30 a.m.: 27 IR 110*)

SECTION 35. 460 IAC 6-10-13, AS ADDED AT 26 IR 770, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

460 IAC 6-10-13 Emergency behavioral support

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 13. (a) In an emergency, **chemical restraint**, physical restraint, or removal of an individual from the individual's environment may be used:

(1) without the necessity of a behavioral support plan; and

(2) only to prevent significant harm to the individual or others.

(b) The individual's support team shall meet not later than five (5) working days after an emergency **chemical restraint**, physical restraint, or removal of an individual from the environment in order to:

(1) review the circumstances of the emergency **chemical restraint**, physical restraint, or removal of an individual;

(2) determine the need for a:

(A) functional analysis;

(B) behavioral support plan; or

(C) both; and

(3) document recommendations.

(c) If a provider of behavioral support services is not a member an individual's support team, a provider of behavioral support services must be added to the individual's support team.

(d) Based on the recommendation of the support team, a provider of behavioral support services shall:

(1) complete a functional analysis within thirty (30) days; and

(2) make appropriate recommendations to the support team.

(e) The individual's support team shall:

- (1) document the recommendations of the behavioral support services provider; and
- (2) design an accountability system to ~~insure~~ **ensure** implementation of the recommendations.

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-10-13; filed Nov 4, 2002, 12:04 p.m.: 26 IR 770; filed Aug 29, 2003, 10:30 a.m.: 27 IR 110)

SECTION 36. 460 IAC 6-13-2, AS ADDED AT 26 IR 771, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

460 IAC 6-13-2 Transportation of an individual

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 2. A provider that transports an individual receiving services in a motor vehicle shall:

- (1) maintain the vehicle in good repair;
- (2) properly register with the Indiana bureau of motor vehicles **or in the state in which the owner of the vehicle resides;** and
- (3) insure the vehicle as required under Indiana law.

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-13-2; filed Nov 4, 2002, 12:04 p.m.: 26 IR 771; filed Aug 29, 2003, 10:30 a.m.: 27 IR 111)

SECTION 37. 460 IAC 6-14-4, AS ADDED AT 26 IR 771, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

460 IAC 6-14-4 Training

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 4. (a) A provider shall train the provider's employees or agents in the protection of an individual's rights, including how to:

- (1) respect the dignity of an individual;
- (2) protect an individual from abuse, neglect, and exploitation;
- (3) implement person centered planning and an individual's ISP; and
- (4) communicate successfully with an individual.

(b) A provider that develops training ~~goals~~ **outcomes** and ~~objective~~ **objectives** for an individual shall train the provider's employees or agents in:

- (1) selecting specific objectives;
- (2) completing task analysis;
- (3) appropriate locations for instruction; and
- (4) appropriate documentation of an individual's progress on ~~goals~~ **outcomes** and objectives.

(c) A provider shall train direct care staff in providing a healthy and safe environment for an individual, including how to:

- (1) administer medication, monitor side effects, and recognize and prevent dangerous medication interactions;
- (2) administer first aid;
- (3) administer cardiopulmonary resuscitation;
- (4) practice infection control;
- (5) practice universal precautions;
- (6) manage individual-specific treatments and interventions, including management of an individual's:
 - (A) seizures;
 - (B) behavior;
 - (C) medication side effects;
 - (D) diet and nutrition;
 - (E) swallowing difficulties;
 - (F) emotional and physical crises; and

- (G) significant health concerns; and
- (7) conduct and participate in emergency drills and evacuations.

(d) Applicable training as required in this section shall be completed prior to any person working with an individual.
(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-14-4; filed Nov 4, 2002, 12:04 p.m.: 26 IR 771; filed Aug 29, 2003, 10:30 a.m.: 27 IR 111)

SECTION 38. 460 IAC 6-17-3, AS ADDED AT 26 IR 774, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

460 IAC 6-17-3 Individual's personal file; site of service delivery

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 3. (a) A provider specified in the individual's ISP as being responsible for maintaining the individual's personal file shall maintain a personal file for the individual at:

- (1) the individual's residence; or
- (2) the primary location where the individual receives services.

(b) The individual's personal file shall contain at least the following information:

- (1) The individual's full name.
- (2) Telephone numbers for emergency services that may be required by the individual.
- (3) A current sheet with a brief summary regarding:
 - (A) the individual's diagnosis or diagnoses;
 - (B) the individual's treatment protocols, current medications, and other health information specified by the individual's ISP;
 - (C) behavioral information about the individual;
 - (D) likes and dislikes of the individual that have been identified in the individual's ISP; and
 - (E) other information relevant to working with the individual.
- (4) The individual's history of allergies, if applicable.
- (5) Consent by the individual or the individual's legal representative for emergency treatment for the individual.
- (6) A photograph of the individual, if:
 - (A) a photograph is available; and
 - (B) inclusion of a photograph in the individual's file is specified by the individual's ISP.
- (7) A copy of the individual's current ISP.
- (8) A copy of the individual's behavioral support plan, if applicable.
- (9) Documentation of:
 - (A) changes in the individual's physical condition or mental status during the last sixty (60) days;
 - (B) an unusual event such as vomiting, choking, falling, disorientation or confusion, behavioral problems, or seizures occurring during the last sixty (60) days; and
 - (C) the response of each provider to the observed change or unusual event.
- (10) If an individual's ~~goals~~ **outcomes** include bill paying and other financial matters, the individual's file shall contain:
 - (A) the individual's checkbook with clear documentation that the checkbook has been balanced; and
 - (B) bank statements with clear documentation that the bank statements and the individual's checkbook have been reconciled.
- (11) All environmental assessments conducted during the last sixty (60) days, with the signature of the person or persons conducting the assessment on the assessment.
- (12) All medication administration documentation for the last sixty (60) days.
- (13) All seizure management documentation for the last sixty (60) days.
- (14) Health-related incident management documentation for the last sixty (60) days.
- (15) All nutritional counseling services documentation for the last sixty (60) days.
- (16) All behavioral support services documentation for the last sixty (60) days.
- (17) All ~~goal~~ **outcome** directed documentation for the last sixty (60) days.

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-17-3; filed Nov 4, 2002, 12:04 p.m.: 26 IR 774;

filed Aug 29, 2003, 10:30 a.m.: 27 IR 111)

SECTION 39. 460 IAC 6-17-4, AS ADDED AT 26 IR 774, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

460 IAC 6-17-4 Individual's personal file; provider's office

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 4. (a) A provider specified in the individual's ISP as being responsible for maintaining the individual's personal file shall maintain a personal file for an individual at the provider's office.

(b) The individual's personal file shall contain documentation of the following:

- (1) A change in an individual's physical condition or mental status.
- (2) An unusual event for the individual.
- (3) All health and medical services provided to an individual.
- (4) An individual's training ~~goals~~ **outcomes**.

(c) A change or unusual event referred to in subsection (b) shall include the following:

- (1) Vomiting.
- (2) Choking.
- (3) Falling.
- (4) Disorientation or confusion.
- (5) Patterns of behavior.
- (6) A seizure.

(d) The documentation of a change or an event referred to in subsections (b) and (c) shall include the following:

- (1) The date, time, and duration of the change or event.
- (2) A description of the response of the provider, or the provider's employees or agents to the change or event.
- (3) The signature of the provider or the provider's employees or agents observing the change or event.

(e) The documentation of all health and medical services provided to the individual shall:

- (1) be kept chronologically; and
- (2) include the following:
 - (A) Date of services provided to the individual.
 - (B) A description of services provided.
 - (C) The signature of the health care professional providing the services.

(f) The individual's training file shall include documentation regarding the individual's training goals required by 460 IAC 6-24-1. (*Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-17-4; filed Nov 4, 2002, 12:04 p.m.: 26 IR 774; filed Aug 29, 2003, 10:30 a.m.: 27 IR 112*)

SECTION 40. 460 IAC 6-19-6, AS ADDED AT 26 IR 777, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

460 IAC 6-19-6 Monitoring of services

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 6. (a) A provider of case management shall monitor and document the quality, timeliness, and appropriateness of the care, services, and products delivered to an individual.

(b) The documentation required under this section shall include an assessment of the following:

- (1) The appropriateness of the ~~goals~~ **outcomes** in the individual's ISP.
- (2) An individual's progress toward the goals in the individual's ISP.

(c) The documentation required by this section shall include the following:

- (1) Any medication administration system for the individual.
- (2) An individual's behavioral support plan.
- (3) Any health-related incident management system for the individual.
- (4) Any side effect monitoring system for the individual.
- (5) Any seizure management system for the individual.
- (6) Any other system for the individual implemented by more than one (1) provider.

(d) A provider of case management services shall continuously monitor the services and outcomes established for the individual in the individual's ISP, including the following:

- (1) A provider of case management services shall timely follow-up on identified problems.
- (2) A provider of case management services shall act immediately to resolve critical issues and crises in accordance with this article.
- (3) If concerns with services or outcomes are identified, a provider of case management services shall:
 - (A) address the concerns in a timely manner; and
 - (B) involve all necessary providers and the individual's support team if necessary.

(e) A provider of case management services who is attempting to resolve a dispute shall follow the dispute resolution procedure described in 460 IAC 6-10-8.

(f) No later than thirty (30) days after the implementation of an individual's ISP, unless otherwise specified in the ISP, a provider of case management shall make the first monitoring contact with the individual.

(g) A provider of case management services shall have regular in-person contact with the individual as required by the ISP and this section. The provider of case management services shall make at least:

- (1) one (1) in-person contact with the individual every ninety (90) days to assess the quality and effectiveness of the ISP;
- (2) two (2) in-person contacts each year in the individual's residence; and
- (3) one (1) in-person contact each year unannounced.

(h) If an individual's ISP requires more contact than required by subsection (g), the individual's ISP shall control the amount of contact a provider of case management services must make with an individual receiving case management services.

(i) A provider of case management services shall coordinate the provision of family and caregiver training services. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-19-6; filed Nov 4, 2002, 12:04 p.m.: 26 IR 777; filed Aug 29, 2003, 10:30 a.m.: 27 IR 113)*

SECTION 41. 460 IAC 6-24-1, AS ADDED AT 26 IR 779, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

460 IAC 6-24-1 Coordination of training services and training plan

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 1. (a) A provider designated in an individual's ISP as responsible for providing training to an individual shall create a training plan for the individual.

(b) A training plan shall:

- (1) consist of a formal description of ~~goals~~, **outcomes**, objectives, and strategies, including
 - (A) ~~desired outcomes~~; and
 - (B) persons responsible for implementation; and
- (2) be designed to enhance skill acquisition and increase independence.

(c) The provider shall assess the appropriateness of an individual's ~~goals~~ **outcomes** at least once every ninety (90)

days.

(d) All providers responsible for providing training to an individual shall:
(1) coordinate the training services provided to an individual; and
(2) share documentation regarding the individual's training;
as required by the individual's ISP. (*Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-24-1; filed Nov 4, 2002, 12:04 p.m.: 26 IR 779; filed Aug 29, 2003, 10:30 a.m.: 27 IR 113*)

SECTION 42. 460 IAC 6-24-2, AS ADDED AT 26 IR 779, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

460 IAC 6-24-2 Required documentation

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 2. (a) The provider identified in section 1 of this rule shall maintain a personal file for each individual served.

(b) The individual's file shall:

(1) be kept chronologically; and

(2) include the following information:

(A) Measurement of the individual's progress toward each training ~~goal~~ **outcome** identified in the individual's ISP.

(B) Dates, times, and duration of training services provided to the individual.

(C) A description of training activities conducted on each date.

(D) The signature of the person providing the service each time training is provided.

(*Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-24-2; filed Nov 4, 2002, 12:04 p.m.: 26 IR 779; filed Aug 29, 2003, 10:30 a.m.: 27 IR 114*)

SECTION 43. 460 IAC 6-25-10, AS ADDED AT 26 IR 782, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

460 IAC 6-25-10 Investigation of death

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 10. (a) If an individual dies, an investigation into the death shall be conducted by the provider identified in section 1 of this rule, except as provided in subsection (b).

(b) If the provider identified in section 1 of this rule is a family member of the individual, then the provider of case management services to an individual shall conduct an investigation into the death of the individual. **If there is no provider providing case management services to the individual, then the individual's service coordinator shall conduct an investigation into the death of the individual.**

(c) A provider conducting an investigation into the death of an individual shall meet the following requirements:

(1) Notify by telephone the BDDS's central office in Indianapolis not later than twenty-four (24) hours after the death.

(2) Notify adult protective services or child protection services, as applicable, not later than twenty-four (24) hours after the death.

(3) Collect and review documentation of all events, incidents, and occurrences in the individual's life for at least the thirty (30) day period immediately before:

(A) the death of the individual;

(B) the hospitalization in which the individual's death occurred; or

(C) the individual's transfer to a nursing home in which death occurred within ninety (90) days of that transfer.

(4) In conjunction with all providers of services to the deceased individual, review and document all the actions of all employees or agents of all providers for the thirty (30) day period immediately before:

(A) the individual's death;

(B) the hospitalization in which the individual's death occurred; or

- (C) the individual's transfer to a nursing home in which death occurred within ninety (90) days of that transfer.
- (5) Document conclusions and make recommendations arising from the investigation.
- (6) Document implementation of any recommendations made under subdivision (5).
- (7) No later than fifteen (15) days after the individual's death, send to the BDDS:
 - (A) a completed notice of an individual's death on a form prescribed by the BDDS; and
 - (B) a final report that includes all documentation required by subdivisions (1) through (6) for review by the division's mortality review committee.

(d) A provider shall respond to any additional requests for information made by the mortality review committee within seven (7) days of the provider's receipt of a request.

(e) A provider shall submit the documentation to the BDDS to support the provider's implementation of specific recommendations made by the mortality review committee. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-25-10; filed Nov 4, 2002, 12:04 p.m.: 26 IR 782; filed Aug 29, 2003, 10:30 a.m.: 27 IR 114)*

SECTION 44. 460 IAC 6-29-4, AS ADDED AT 26 IR 784, SECTION 1, IS AMENDED TO READ AS FOLLOWS:

460 IAC 6-29-4 Compliance of environment with building and fire codes

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 4. (a) A provider designated in an individual's ISP as responsible for providing environmental and living arrangement support shall ensure that an individual's living areas comply with the requirements of this section.

(b) An individual's living areas shall meet Indiana Code and local building requirements for single family dwellings or multiple family dwellings as applicable.

(c) An individual's living areas shall contain a working smoke detector or smoke detectors that are:

- (1) tested at least once a month; and
- (2) located in areas considered appropriate by the local fire marshal.

(d) An individual's living areas shall contain a working fire extinguisher or extinguishers that are inspected annually.

(e) An individual's living ~~areas~~ **area** shall, **if required by the individual's ISP:**

- (1) contain operable antiscald devices; or
- (2) have hot water temperature no higher than one hundred ten (110) degrees Fahrenheit.

~~if required by an individual's ISP:~~ *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-29-4; filed Nov 4, 2002, 12:04 p.m.: 26 IR 784; filed Aug 29, 2003, 10:30 a.m.: 27 IR 114)*

SECTION 45. 460 IAC 6-29, AS ADDED AT 26 IR 783, SECTION 1, IS AMENDED BY ADDING A NEW SECTION TO READ AS FOLLOWS:

460 IAC 6-29-9 Change in location of residence

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 9. A provider designated in an individual's ISP as responsible for providing environmental and living arrangement support shall notify the individual's service coordinator at least twenty (20) days before any contemplated change of the individual's residence. The change in the individual's residence may not take place until written approval is received from the individual's service coordinator. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-29-9; filed Aug 29, 2003, 10:30 a.m.: 27 IR 115)*

SECTION 46. 460 IAC 6, AS ADDED AT 26 IR 749, SECTION 1, IS AMENDED BY ADDING A NEW RULE TO READ AS FOLLOWS:

Rule 35. Applied Behavior Analysis Services

460 IAC 6-35-1 Preparation of behavior analysis support plan

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 1. An applied behavior analysis services provider shall prepare a *[sic., an]* applied behavior analysis support plan in accordance with 460 IAC 6-18-1. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-35-1; filed Aug 29, 2003, 10:30 a.m.: 27 IR 115)*

460 IAC 6-35-2 Applied behavior analysis support plan standards

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 2. (a) An applied behavior analysis support plan developed by an applied behavior analysis services provider shall meet the standards set out in 460 IAC 6-18-2.

(b) In addition to the requirements contained in 460 IAC 6-18-2, an applied behavior analysis support plan developed by an applied behavior analysis services provider shall meet the following requirements:

(1) Provide for applied behavior analysis support services for a minimum of four (4) to six (6) hours of service five (5) to seven (7) days a week for a two (2) to three (3) year period.

(2) Be based upon discrete trial therapy.

(3) Contain targeted skills that are broken down into small attainable tasks.

(4) Emphasize skills that are prerequisites to language development, such as attention, cooperation, and imitation.

(5) Include the following elements:

(A) Attending skills (to therapist, adults, and peers).

(B) Imitation skills including motor and verbal skills.

(C) Receptive and expressive language skills development.

(D) Appropriate toy plan.

(E) Appropriate social interaction.

(6) Provide for one-on-one structured therapy.

(7) Provide for family training.

(8) Emphasize the acquisition of new behaviors.

(c) An applied behavior analysis support plan can only be developed for an individual between two (2) years of age and seven (7) years of age. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-35-2; filed Aug 29, 2003, 10:30 a.m.: 27 IR 115)*

460 IAC 6-35-3 Written policy and procedure standards

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 3. An applied behavior analysis services provider shall have written policies and procedures that meet the standards set out in 460 IAC 6-18-3. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-35-3; filed Aug 29, 2003, 10:30 a.m.: 27 IR 115)*

460 IAC 6-35-4 Documentation standards

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 4. An applied behavior analysis services provider shall adhere to the documentation standards set out in 460 IAC 6-18-4. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-35-4; filed Aug 29, 2003, 10:30 a.m.: 27 IR 115)*

460 IAC 6-35-5 Senior therapist standards

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 5. If a senior therapist has a direct role in training and supervising the applied behavior analysis services provided to an individual, the senior therapist shall be supervised by a lead therapist. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-35-5; filed Aug 29, 2003, 10:30 a.m.: 27 IR 115)*

460 IAC 6-35-6 Line staff standards

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 6. (a) All line staff providing applied behavior analysis services to an individual shall be supervised by a lead therapist and a senior therapist.

(b) All line staff shall be recruited by either the lead therapist or the individual's family. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-35-6; filed Aug 29, 2003, 10:30 a.m.: 27 IR 116)*

460 IAC 6-35-7 Implementation of applied behavior analysis support plan

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 7. All providers working with an individual shall implement that applied behavior analysis support plan designed by the individual's behavior analysis support services provider. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-35-7; filed Aug 29, 2003, 10:30 a.m.: 27 IR 116)*

460 IAC 6-35-8 Human rights committee

Authority: IC 12-8-8-4; IC 12-9-2-3; IC 12-11-1.1-9; IC 12-11-2.1-12

Affected: IC 12-11-1.1; IC 12-11-2.1

Sec. 8. Beginning July 1, 2004, a provider of applied behavior analysis support services who:

(1) prepares an applied behavior analysis support plan; or

(2) implements an applied behavior analysis support plan;

shall cooperate with the division's or the BDDS's regional human rights committee for the geographic area in which the provider is providing services under this article. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-35-8; filed Aug 29, 2003, 10:30 a.m.: 27 IR 116)*

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