

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

LSA Document #03-57(F)

DIGEST

Adds 440 IAC 5.2 to establish standards for the certification and operation of assertive community treatment teams and requirements for community mental health centers. Effective 30 days after filing with the secretary of state.

440 IAC 5.2

SECTION 1. 440 IAC 5.2 IS ADDED TO READ AS FOLLOWS:

ARTICLE 5.2. ASSERTIVE COMMUNITY TREATMENT TEAMS CERTIFICATION

Rule 1. Definitions

440 IAC 5.2-1-1 Applicability

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

Affected: IC 12-24-19

Sec. 1. The definitions in this rule apply throughout this article. *(Division of Mental Health and Addiction; 440 IAC 5.2-1-1; filed Sep 30, 2003, 9:50 a.m.: 27 IR 492)*

440 IAC 5.2-1-2 “Accreditation” defined

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

Affected: IC 12-24-19

Sec. 2. “Accreditation” means an accrediting agency has determined that a community mental health center has met specific requirements of the accrediting agency. *(Division of Mental Health and Addiction; 440 IAC 5.2-1-2; filed Sep 30, 2003, 9:50 a.m.: 27 IR 492)*

440 IAC 5.2-1-3 “Accrediting agency” defined

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

Affected: IC 12-24-19

Sec. 3. “Accrediting agency” means an organization, included on a list of accrediting organizations approved by the division, which has developed clinical, financial, and organizational standards for the operation of a provider of mental health services and which evaluates a provider’s compliance with its established standards on a regularly scheduled basis. *(Division of Mental Health and Addiction; 440 IAC 5.2-1-3; filed Sep 30, 2003, 9:50 a.m.: 27 IR 492)*

440 IAC 5.2-1-4 “Assertive community treatment (ACT)” defined

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

Affected: IC 12-24-19

Sec. 4. “Assertive community treatment (ACT)” means a multidisciplinary team that has the responsibility for the direct provision of community-based psychiatric treatment, assertive outreach, rehabilitation, and support services to an adult population with serious mental illness that also has cooccurring problems or

multiple hospitalizations and meets the criteria outlined in this article. *(Division of Mental Health and Addiction; 440 IAC 5.2-1-4; filed Sep 30, 2003, 9:50 a.m.: 27 IR 492)*

440 IAC 5.2-1-5 “Consumer” defined

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

Affected: IC 12-24-19

Sec. 5. “Consumer” means an individual who is receiving assessment or mental health services from the assertive community treatment team. *(Division of Mental Health and Addiction; 440 IAC 5.2-1-5; filed Sep 30, 2003, 9:50 a.m.: 27 IR 492)*

440 IAC 5.2-1-6 “Division” defined

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

Affected: IC 12-24-19

Sec. 6. “Division” means the division of mental health and addiction. *(Division of Mental Health and Addiction; 440 IAC 5.2-1-6; filed Sep 30, 2003, 9:50 a.m.: 27 IR 492)*

440 IAC 5.2-1-7 “Rural county” defined

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

Affected: IC 12-24-19

Sec. 7. “Rural county” means a county with no city or town that has a population of fifty thousand (50,000) or more according to the most recent United States census. *(Division of Mental Health and Addiction; 440 IAC 5.2-1-7; filed Sep 30, 2003, 9:50 a.m.: 27 IR 492)*

440 IAC 5.2-1-8 “Urban county” defined

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

Affected: IC 12-24-19

Sec. 8. “Urban county” means a county with a city or town that has a population of fifty thousand (50,000) or more according to the most recent United States census. *(Division of Mental Health and Addiction; 440 IAC 5.2-1-8; filed Sep 30, 2003, 9:50 a.m.: 27 IR 492)*

Rule 2. Certification of Assertive Community Treatment Teams

440 IAC 5.2-2-1 Applicability

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

Affected: IC 12-24-19

Sec. 1. This article applies to all community mental health centers operating assertive community treatment teams. *(Division of Mental Health and Addiction; 440 IAC 5.2-2-1; filed Sep 30, 2003, 9:50 a.m.: 27 IR 493)*

440 IAC 5.2-2-2 Certification by the division

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

Affected: IC 12-24-19

Sec. 2. (a) Assertive community treatment teams must be part of a certified community mental health center that has been certified by the division for at least two (2) consecutive years at the time of application.

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

(c) Each ACT team serving consumers must be certified pursuant to this article.

- (d) Each team must be certified and named independently. Certification is specific to a team.
- (e) A community mental health center which has one (1) or more certified teams must provide information related to services as requested by the division and must participate in the division's quality assurance program.
- (f) A CMHC must respond to a request from the division as fully as it is capable. Failure to comply with such a request may result in termination of the assertive community treatment team's certification.
- (g) When a CMHC has demonstrated compliance with all applicable laws and regulations, including the specific criteria in this article, a certificate for each team shall be issued and shall be posted in a conspicuous place in the facility open to consumers and the public. (*Division of Mental Health and Addiction; 440 IAC 5.2-2-2; filed Sep 30, 2003, 9:50 a.m.: 27 IR 493*)

440 IAC 5.2-2-3 Regular staff and operational standards

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

Affected: IC 12-24-19

Sec. 3. (a) A regular certified ACT team must be composed of the following staff:

(1) A team leader who is assigned full-time to the team and is a qualified mental health professional (QMHP) as defined in 405 IAC 5-21-1(c) with at least a master's degree and prior supervisory experience. Responsibilities shall be limited to the ACT team. The team leader shall perform the following roles:

(A) Provide direct supervision of team members.

(B) Function as a practicing clinician with consumer contact at least five (5) hours a week.

(2) No more than two (2) psychiatrists per team who provide in total a minimum of sixteen (16) hours a week per fifty (50) consumers. If the team includes two (2) psychiatrists, the agency must demonstrate full integration of the psychiatrists as members of the team. A psychiatrist or psychiatrists must perform the following critical roles:

(A) Supervise the psychiatric treatment of all consumers, including psychiatric assessment and provision of needed psychopharmacologic treatment, and at least monthly assessment of the consumer's response to medications. If a consumer is in crisis more frequent assessment may be required.

(B) Attend the majority of treatment planning meetings.

(C) Attend at least two (2) daily ACT team meetings weekly.

(D) Actively collaborate with all registered nurses (RNs) and all licensed practical nurses (LPNs).

(E) Supervise the medication management system.

(3) At least one (1) full-time equivalent (FTE) registered nurse and a minimum of one (1) FTE registered nurse per fifty (50) consumers. The RNs shall have at least six (6) months of experience working with persons with mental illness and perform the following critical roles:

(A) In collaboration with the psychiatrist, manage the medication system and administer and document medication treatment.

(B) Conduct health assessments within scope of practice.

(C) Coordinate services with other health providers.

(D) Provide training to other ACT team members to help them monitor psychiatric symptoms and medication side effects.

(4) At least one (1) full-time equivalent (FTE) substance abuse specialist, who is credentialed in addictions counseling by a credentialing body approved by the division, or who has two (2) years of experience as a substance abuse counselor in a substance abuse program. The substance abuse counselor shall perform the following roles:

(A) Take the lead in substance abuse assessment, planning, and treatment for all ACT consumers.

(B) Provide treatment specifically indicated for consumers with mental illness and substance abuse for all consumers of the team.

(C) Provide training to other ACT team members to help them identify substance abuse and monitor progress in treatment.

(5) At least one (1) FTE vocational specialist who works under a supported employment (SE) program operated by the agency under contract with the office of vocational rehabilitation services is assigned to the

ACT team full time. All vocational specialists shall perform the following critical roles:

(A) Provide a full range of supported employment services (e.g., vocational assessment and planning, job development, job placement, job support, career counseling, follow along, maintains liaison with vocational rehabilitation counselors).

(B) Provide training to other ACT team members regarding the range of supported employment services.

(6) All other team members must be assigned exclusively to the team and meet at least one (1) of the following requirements:

(A) Have a bachelor's degree.

(B) Be a RN or LPN who has been trained to work with consumers with mental illness. or

(C) Have a minimum of four (4) years of experience as a case manager.

No team shall have more than two (2) team members who do not meet the criteria listed in clauses [clause] (A) or (B).

(7) A team may have no more than one (1) peer specialist that does not meet criteria listed in Sec. 3(a)(6) [subdivision (6)]. A peer specialist shall:

(A) be assigned to the team full time and participate in the clinical responsibilities and functions of the team in providing direct services to consumers; and

(B) be counted when calculating the case ratio.

(8) All members of the team shall be individuals with experience working with persons with mental illness, as well as having the ability to establish caring, trusting relationships based on respect for individual consumers.

(9) Excluding the psychiatrists, the minimum team size shall be as follows:

(A) Each team providing services to an urban county must have at least eight (8) FTE staff members.

(B) Each team providing services to a rural county must have at least six (6) FTE staff members.

(C) Clinical staff to consumer ratio must be at least 1:10.

(b) Each regularly certified team shall meet the following regular operational standards:

(1) All consumers admitted to the ACT team must meet the admission criteria as defined in Sec. 4 [section 4 of this rule].

(2) At least eighty percent (80%) of consumers must have 295-296 Axis I Diagnosis under Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, published by the American Psychiatric Association (DSM IV).

(3) Highest intake rate during a six (6) month period shall not exceed five (5) consumers per month.

(4) The program shall operate at least eight (8) hours per day, Monday through Friday. On weekends and holidays at least two (2) hours of direct service shall be provided daily. A team member shall be on call all other hours.

(5) Consumers must be contacted face-to-face on average at least three (3) times per week.

(6) Consumers must be contacted face-to-face on average two (2) hours per week or more per consumer.

(7) At least seventy-five percent (75%) of all team contacts shall occur out of the office.

(8) An average of at least ninety percent (90%) of consumers shall have contact with three (3) or more team members per month.

(9) For a minimum of six (6) months, the team shall attempt at least two (2) face-to-face contacts per month for consumers who refuse services.

(10) At least eighty percent (80%) of inpatient admissions are planned jointly with the ACT team.

(11) At least eighty percent (80%) of inpatient discharges are planned jointly with the ACT team.

(12) Excluding planned graduations, at least eighty-five percent (85%) of the caseload is retained over a twelve (12) month period.

(13) All consumers are offered services on a time unlimited basis.

(14) Less than ten percent (10%) of consumers will be transitioned to less intensive services annually (excluding dropouts).

(15) A team shall not serve more than one hundred twenty (120) consumers.

(16) The team must demonstrate consistent, well planned engagement strategies to prevent harm to the consumer or others; such strategies may include legal mechanisms, such as representative payee, outpatient commitment, and probation.

(17) The team shall effectively communicate and coordinate activities and comply with the following:

(A) Organizational team meetings shall be held daily, Monday through Friday, and attended by all team

members assigned to be on duty. During the organizational meeting, all consumers' status shall be briefly reviewed using a daily log and staff report. Services and contacts shall be scheduled according to treatment plans and triage.

(B) All team member contacts with consumers are logged and easily accessible to the entire team.

(18) The team shall provide emergency service backup, twenty-four (24) hours a day and make decisions about direct team intervention and comply with the following:

(A) A team member shall be available by phone or face-to-face with backup by team leader and a psychiatrist.

(B) The team shall have an active, ongoing collaboration with emergency services providers.

(19) The team shall operate at no less than eighty percent (80%) of full staffing during any twelve (12) month period on average.

(Division of Mental Health and Addiction; 440 IAC 5.2-2-3; filed Sep 30, 2003, 9:50 a.m.: 27 IR 493)

440 IAC 5.2-2-4 ACT admission and discharge criteria

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

Affected: IC 12-24-19

Sec. 4. (a) All consumers admitted to ACT must meet the following criteria:

(1) Be an individual who is eighteen (18) years of age or older.

(2) The division criteria for persons with serious mental illness as defined in 440 IAC 8-2-2. and

(3) The team specific, division approved admission criteria.

(b) The team specific, division approved admission criteria must be submitted with the initial application and should be objective and address the following:

(1) Discharge from long term psychiatric hospitalizations.

(2) Number of psychiatric hospitalizations or days hospitalized in the prior two (2) years.

(3) Criminal justice/legal system involvement despite mental health intervention.

(4) Difficult-to-treat substance abuse disorder of greater than six (6) months duration.

(5) Homelessness or unstable housing.

(6) Lack of consistent benefit from traditional mental health programs.

(c) At least eighty percent (80%) of consumers must have a diagnosis of 295-296 Axis I Diagnosis under Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, published by the American Psychiatric Association (DSM IV).

(d) Prior to the implementation of changes to team specific admission criteria an agency must submit, in writing, the revised admission criteria. Revised admission criteria may not be implemented until approved by the division.

(e) When consumers are discharged from ACT, documentation must include:

(1) a gradual transfer period;

(2) a plan to maintain continuity of treatment at appropriate levels of intensity to support the consumer's continued recovery; and

(3) a plan for consumers to easily return to the ACT team, if needed.

(Division of Mental Health and Addiction; 440 IAC 5.2-2-4; filed Sep 30, 2003, 9:50 a.m.: 27 IR 495)

440 IAC 5.2-2-5 Support and rehabilitative services

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

Affected: IC 12-24-19

Sec. 5. (a) Based on consumer needs, the team performs the following case management functions for all ACT consumers:

(1) Locate and maintain safe, affordable housing, with an emphasis on consumer choice and independent community housing.

- (2) Provide financial management support, including use of legal mechanisms such as representative payee.
- (3) Support and skills training in activities of daily living, including self care, homemaking, financial management, use of transportation, and use of health and social service resources.
- (4) Support and skills training in social, interpersonal relationship, and leisure time activities.
- (5) Education regarding mental illness or addiction issues.

(b) The ACT team monitors, provides supervision, education, and consumer support in the administration of psychiatric medications for all ACT consumers.

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

(d) ACT team educates consumers about symptom management and early identification of both premorbid and prodromal symptoms.

(e) The team shall actively and assertively engage and reach out to consumers' family members or significant others, after obtaining consumer permission. The team shall:

- (1) Establish ongoing communication and collaboration between the team and family members.
- (2) Educate the family about mental illness and the family's role in treatment.
- (3) Educate the family about symptom management and early identification of both premorbid and prodromal symptoms.
- (4) Provide interventions to promote positive interpersonal relationships.

(f) The team shall facilitate consumer access to the following services:

- (1) Medical and dental services.
- (2) Social services.
- (3) Transportation and access to transportation. and
- (4) Legal advocacy.

(Division of Mental Health and Addiction; 440 IAC 5.2-2-5; filed Sep 30, 2003, 9:50 a.m.: 27 IR 495)

440 IAC 5.2-2-6 Program improvement and evaluation

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

Affected: IC 12-24-19

Sec. 6. (a) The ACT team shall monitor hospitalization, housing, and employment outcomes for all consumers.

(b) The ACT team shall monitor compliance with this article quarterly and modify team operations as indicated.

(c) The ACT team shall participate in the division quality assurance program. *(Division of Mental Health and Addiction; 440 IAC 5.2-2-6; filed Sep 30, 2003, 9:50 a.m.: 27 IR 495)*

440 IAC 5.2-2-7 Regular certification

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

Affected: IC 12-24-19

Sec. 7. (a) Application for regular certification must include the following:

- (1) Documentation that the team has operated in compliance with the regular operational standards.
- (2) Documentation that the team meets the regular staffing standards.
- (3) The team's admission criteria.
- (4) All materials requested by the division.

(b) When the division determines that the provider meets the requirements for regular certification as set forth in this article the division shall issue a regular certification.

(c) The regular certification expires ninety (90) days after the expiration of the agency's accreditation.

(d) During the regular certification period, the division may request the agency to submit documentation of ongoing compliance with this article.

(e) During the regular certification period, the team shall maintain compliance with this article. *(Division of Mental Health and Addiction; 440 IAC 5.2-2-7; filed Sep 30, 2003, 9:50 a.m.: 27 IR 496)*

440 IAC 5.2-2-8 Provisional certification

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

Affected: IC 12-24-19

Sec. 8. (a) A team that meets the provisional staff standards may apply for a provisional certification. Provisional certification will be effective for twelve (12) months.

(b) A provisional certification application shall contain the following:

- (1) Documentation that the team meets the provisional staff standards.**
- (2) A plan for the achievement of provisional operational standards.**
- (3) The team's admission criteria.**
- (4) All materials requested by the division.**

(c) Provisional team staff standards are as follows:

- (1) The team members shall perform the functions as set forth in the regular staff standards.**
- (2) The team leader must be assigned full time to the team and be a qualified mental health professional (QMHP) as defined in 405 IAC 5-21-1(c) and have at least two (2) years postgraduate experience in mental health and prior supervisory experience. The team leader must have at least bachelor's level training.**
- (3) No more than two (2) psychiatrists must provide in total a minimum of twelve (12) hours per week per fifty (50) consumers.**
- (4) At least seventy-five percent (75%) of a FTE registered nurse and at least seventy-five percent (75%) of a FTE per fifty (50) consumers. The RNs shall have at least six (6) months of experience working with persons with mental illness.**
- (5) A substance abuse specialist as defined in 440 IAC 5.2-2-3(a)(4) [section 3(a)(4) of this rule] must be at least seventy-five percent (75%) of a FTE.**
- (6) A vocational specialist must be at least twenty (20) hours per week and twenty (20) hours per fifty (50) consumers.**
- (7) The remainder of the team members must comply with 440 IAC 5.2-2-3(a)(6) and (7) [section 3(a)(6) and 3(a)(7) of this rule].**
- (8) All members of the team shall be individuals with experience working with persons with mental illness, as well as having the ability to establish caring, trusting relationships based on respect for individual consumers.**
- (9) Excluding the psychiatrists, the minimum team size shall be as follows:**
 - (A) Each team providing services to an urban county must have at least six (6) FTE staff members.**
 - (B) Each team providing services to a rural county must have at least four (4) FTE staff members.**
 - (C) Clinical staff to consumer ratio must be at least 1:13.**

(d) Provisional operational standards are as follows:

- (1) All consumers admitted to the ACT team must meet the admission criteria as defined in Sec. 4 [section 4 of this rule].**
- (2) Subsequent provisional certifications require that the highest intake rate during the past six (6) months, as calculated from the ending of the first provisional certification, must not exceed five (5) consumers per month.**
- (3) Program operates at least eight (8) hours per day, Monday through Friday. On weekends and holidays at least two (2) hours of direct service shall be provided daily. A team member shall be on call all other hours.**
- (4) Across total consumer population, consumers must be contacted face-to-face an average of at least two (2) times per week.**

- (5) Across total consumer population, consumers must be contacted face-to-face an average of ninety (90) minutes per week or more per consumer.
- (6) At least sixty percent (60%) of all team contacts occur out of the office.
- (7) An average of at least sixty-five percent (65%) of consumers have contact with three (3) or more team members per month.
- (8) For a minimum of six (6) months, the team shall attempt at least two (2) face-to-face contacts per month for consumers who refuse services.
- (9) At least sixty-five percent (65%) of inpatient admissions are planned jointly with the ACT team.
- (10) At least sixty-five percent (65%) of inpatient discharges are planned jointly with the ACT team.
- (11) Excluding planned graduations, at least eighty percent (80%) of the caseload is retained over a twelve (12) month period.
- (12) All consumers are offered services on a time unlimited basis.
- (13) Less than ten percent (10%) of consumers will be transitioned to less intensive services annually (excluding dropouts).
- (14) A team shall not serve more than one hundred twenty (120) consumers.
- (15) The team must demonstrate consistent, well planned engagement strategies to prevent harm to the consumer or others; such strategies may include legal mechanisms, such as representative payee, outpatient commitment, and probation.
- (16) The team shall effectively communicate and coordinate activities.
 - (A) Organizational team meeting shall be held daily, Monday through Friday, and attended by all team members assigned to be on duty. During the organizational meeting, all consumers' status shall be briefly reviewed using a daily log and staff report. Services and contacts shall be scheduled according to treatment plans and triage.
 - (B) All team member contacts with consumers are logged and easily accessible to the entire team.
- (17) The team shall provide emergency service backup, twenty-four (24) hours a day and make decisions about direct team intervention.
 - (A) A team member shall be available by phone or face-to-face with backup by team leader and a psychiatrist.
 - (B) The team shall have an active, ongoing collaboration with emergency services providers.
- (18) The team shall operate at no less than eighty percent (80%) of full staffing during any twelve (12) month period on average.

(e) Prior to the expiration of the provisional certification, the CMHC may apply for an extension of the provisional certification or for regular certification.

(f) For an extension of the provisional certification, the agency must submit documentation to demonstrate that the team has done the following:

- (1) Operated at the provisional operational standards.
- (2) Has a plan to meet the regular operational standards.
- (3) Meets the regular staffing standards.
- (4) Complies with all request for the material by the division.

(g) Upon verification of meeting the requirements in [subsection] (e) the provisional certification may be extended for no more than twelve (12) months.

(h) Before the extended provisional certification expires, the agency must demonstrate compliance with regular certification requirements and apply for regular certification.

(i) During the provisional certification period the division may request the agency to submit documentation of ongoing compliance with this article.

(j) During the provisional certification period, the team shall maintain compliance with this article. *(Division of Mental Health and Addiction; 440 IAC 5.2-2-8; filed Sep 30, 2003, 9:50 a.m.: 27 IR 496)*

440 IAC 5.2-2-9 Notification of change

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

Affected: IC 12-24-19; IC 12-27

Sec. 9. (a) Notwithstanding subsection (b), an agency must notify the division, in writing, of any of the following within thirty (30) days after the occurrence:

- (1)** Documented violation of the rights of an individual being treated for mental illness under IC 12-27.
- (2)** Suicide attempt by a consumer. or
- (3)** The death of a consumer.

(b) Prior to implementation of changes to team specific admission criteria, an agency must submit, in writing, the revised admission criteria. Revised admission criteria may not be implemented until approved by the division. *(Division of Mental Health and Addiction; 440 IAC 5.2-2-9; filed Sep 30, 2003, 9:50 a.m.: 27 IR 497)*

440 IAC 5.2-2-10 Conditional certification

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

Affected: IC 12-24-19

Sec. 10. (a) The division shall issue the team a conditional certification under this article upon the division's investigation and determination of any of the following conditions:

- (1)** Failure to comply with this article.
- (2)** A substantive change in the agency's accreditation status other than revocation of the accreditation.
- (3)** Failure of the agency to renew accreditation within ninety (90) days following expiration of the agency's current accreditation.
- (4)** A substantive change in the agency's community mental health center's certification status other than termination.
- (5)** Conduct or any practice in the operation of the agency that is found by the division to be detrimental to the welfare of persons served by the team. or
- (6)** Violation of a federal or state statute, rule, or regulation in the course of the operation of this agency.

(b) The time period of a conditional certification is determined by the division, but may not exceed twelve (12) months. The division shall notify the agency of the following:

- (1)** The requirements not met and actions the agency must take to meet those requirements.
- (2)** The time period granted by the division for the agency to meet the requirements.

(c) The division shall reinstate certification if the agency meets the requirements.

(d) The division shall terminate the team's certification if the agency fails to meet the requirements within the allotted time period. *(Division of Mental Health and Addiction; 440 IAC 5.2-2-10; filed Sep 30, 2003, 9:50 a.m.: 27 IR 497)*

440 IAC 5.2-2-11 Termination of certification

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

Affected: IC 12-24-19

Sec. 11. (a) The division shall terminate the certification of the team if one (1) of the following occurs:

- (1)** The agency's accreditation is revoked.
- (2)** The ACT team that has a conditional certification under Sec. 10 *[section 10 of this rule]* does not meet the requirements of the division within the period of time required.
- (3)** The ACT team fails to meet the standards to progress from provisional certification in Sec. 8 *[section 8 of this rule]* to regular certification in Sec. 7 *[section 7 of this rule]*.
- (4)** The agency's CMHC certification is terminated.

(b) If a team's certification is terminated, the community mental health center cannot apply for certification

of a new ACT team for twelve (12) months after the termination effective date. (*Division of Mental Health and Addiction; 440 IAC 5.2-2-11; filed Sep 30, 2003, 9:50 a.m.: 27 IR 498*)

440 IAC 5.2-2-12 Transfer of certification

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

Affected: IC 12-24-19

Sec. 12. Each certification is specific to one (1) team. The certification may not be transferred to another team within the agency. (*Division of Mental Health and Addiction; 440 IAC 5.2-2-12; filed Sep 30, 2003, 9:50 a.m.: 27 IR 498*)

440 IAC 5.2-2-13 Appeal rights

Authority: IC 12-21-2-3

Affected: IC 4-21.5-3

Sec. 13. An agency that is aggrieved by any adverse action taken under this rule may appeal the action under IC 4-21.5-3. (*Division of Mental Health and Addiction; 440 IAC 5.2-2-13; filed Sep 30, 2003, 9:50 a.m.: 27 IR 498*)

LSA Document #03-57(F)

Notice of Intent Published: 26 IR 2394

Proposed Rule Published: July 1, 2003; 26 IR 3385

Hearing Held: July 22, 2003

Approved by Attorney General: September 19, 2003

Approved by Governor: September 26, 2003

Filed with Secretary of State: September 30, 2003, 9:50 a.m.

Incorporated Documents Filed with Secretary of State: None