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

LSA Document #03-123(F)

**DIGEST**

Amends 460 IAC 6 to incorporate a code of ethics for providers providing case management services to an individual and to make other necessary changes. Effective 30 days after filing with the secretary of state.

**460 IAC 6-2-2**  
**460 IAC 6-2-3**  
**460 IAC 6-3-15.2**  
**460 IAC 6-14-6**  
**460 IAC 6-14-7**

**460 IAC 6-15-2**  
**460 IAC 6-19-6**  
**460 IAC 6-31-1**  
**460 IAC 6-36**

SECTION 1. 460 IAC 6-2-2 IS AMENDED TO READ AS FOLLOWS:

**460 IAC 6-2-2 Rules applicable to all providers**

**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. This rule, and 460 IAC 6-3 through 460 IAC 6-17, and **460 IAC 6-34** apply to all providers of supported living services and supports. (*Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-2-2; filed Nov 4, 2002, 12:04 p.m.: 26 IR 749; filed Apr 16, 2004, 10:00 a.m.: 27 IR 2724*)

SECTION 2. 460 IAC 6-2-3 IS AMENDED TO READ AS FOLLOWS:

**460 IAC 6-2-3 Rules applicable to specific providers**

**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. 460 IAC 6-18 through ~~460 IAC 6-35~~ **460 IAC 6-34** apply to the providers of supported living services and supports specified in the respective rule. (*Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-2-3; filed Nov 4, 2002, 12:04 p.m.: 26 IR 749; filed Apr 16, 2004, 10:00 a.m.: 27 IR 2724*)

SECTION 3. 460 IAC 6-3-15.2 IS ADDED TO READ AS FOLLOWS:

**460 IAC 6-3-15.2 "Conflict of interest" 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. 15.2. "Conflict of interest" means a situation in which an agent, employee, or officer of a provider, or a family member of any of these individuals has a private financial interest, such as affiliation through employment or contract, with an organization that does business with the provider.** (*Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-3-15.2; filed Apr 16, 2004, 10:00 a.m.: 27 IR 2724*)

SECTION 4. 460 IAC 6-14-6 IS ADDED TO READ AS FOLLOWS:

**460 IAC 6-14-6 Policies and procedures for conflicts of interest**

**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 provider shall develop and enforce policies and procedures regarding conflicts of interest and the disclosure of possible conflicts of interest for all of the provider's employees or agents.** *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-14-6; filed Apr 16, 2004, 10:00 a.m.: 27 IR 2724)*

SECTION 5. 460 IAC 6-14-7 IS ADDED TO READ AS FOLLOWS:

**460 IAC 6-14-7 Policies and procedures for code of ethics**

**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 provider shall develop and enforce policies and procedures regarding a code of ethics for agents and employees. The policies and procedures shall be consistent with 460 IAC 6-36.** *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-14-7; filed Apr 16, 2004, 10:00 a.m.: 27 IR 2724)*

SECTION 6. 460 IAC 6-15-2 IS AMENDED TO READ AS FOLLOWS:

**460 IAC 6-15-2 Maintenance of personnel files**

**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) A provider shall maintain in the provider's office files for each employee or agent of the provider.

(b) The provider's files for each employee or agent shall contain the following:

(1) A negative tuberculosis screening prior to providing services and updated in accordance with recommendations of Centers for Disease Control.

(2) Cardiopulmonary resuscitation certification and recertification, updated ~~annually~~ **every two (2) years, for each employee or agent who works with individuals.**

(3) Auto insurance information, updated ~~annually~~ **when it is due to expire**, if the employee or agent will be transporting an individual in the employee's or agent's personal vehicle.

(4) Limited criminal history information that meets the requirements of 460 IAC 6-10-5 with the information updated at least every three (3) years.

(5) Professional licensure, certification, or registration, including renewals, as applicable.

(6) A copy of the employee's or agent's driver's license, updated when the driver's license is due to expire.

(7) Copies of:

(A) the employee's time records; or

(B) the agent's invoices for services.

(8) Copies of the agenda for each training session attended by the employee or agent, including the following:

(A) Subject matter included in each training session.

(B) The date and time of each training session.

(C) The name of the person or persons conducting each training session.

(D) Documentation of the employee's or agent's attendance at each training session, signed by:

(i) the employee or agent; and

(ii) the trainer.

*(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-15-2; filed Nov 4, 2002, 12:04 p.m.: 26 IR 772; filed Apr 16, 2004, 10:00 a.m.: 27 IR 2724)*

SECTION 7. 460 IAC 6-19-6, AS AMENDED AT 27 IR 113, SECTION 40, 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 outcomes in the individual's ISP.
- (2) An individual's progress toward the ~~goals~~ **outcomes** 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; review and complete with the individual or the individual's representative the case management ninety (90) day check list available to providers of case management on the division's providers' computer automation system;~~
- (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; filed Apr 16, 2004, 10:00 a.m.: 27 IR 2725)*

SECTION 8. 460 IAC 6-31-1 IS AMENDED TO READ AS FOLLOWS:

**460 IAC 6-31-1 Documentation required**

**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 of respite care services shall maintain chronological documentation of the services provided for an individual.

(b) The documentation shall include the following:

- (1) The date and duration of respite care services provided.
- (2) The signature of the person providing respite care services.
- (3) The location and setting where the respite care service was provided.
- (4) The reason for the respite care services.**

(c) Documentation shall be updated, reviewed, and analyzed whenever respite care services are provided. (*Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-31-1; filed Nov 4, 2002, 12:04 p.m.: 26 IR 785; filed Apr 16, 2004, 10:00 a.m.: 27 IR 2725*)

SECTION 9. 460 IAC 6-36 IS ADDED TO READ AS FOLLOWS:

#### **Rule 36. Code of Ethics**

##### **460 IAC 6-36-1 Applicability**

**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. This rule applies to all providers of supported living services and supports.** (*Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-36-1; filed Apr 16, 2004, 10:00 a.m.: 27 IR 2726*)

##### **460 IAC 6-36-2 Code of ethics**

**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, in the provision of services under this article, shall abide by the following code of ethics:**

**(1) A provider shall provide professional services with objectivity and with respect for the unique needs and values of the individual being provided services.**

**(2) A provider shall avoid discrimination on the basis of factors that are irrelevant to the provision of services, including, but not limited to:**

- (A) race;**
- (B) creed;**
- (C) gender;**
- (D) age; or**
- (E) disability.**

**(3) A provider shall provide sufficient objective information to enable an individual, or the individual's guardian, to make informed decisions.**

**(4) A provider shall accurately present professional qualifications and credentials.**

**(5) A provider shall accurately present professional qualifications of all employees or agents.**

**(6) A provider shall require all employees or agents to assume responsibility and accountability for personal competence in the practice of the person's profession and in the provision of services under this article.**

**(7) A provider shall require employees or agents to maintain knowledge and skills required for continued professional competence including all requirements necessary for a licensed or accredited professional to maintain the professional's licensure or accreditation.**

**(8) A provider shall require professional, licensed, or accredited employees or agents to adhere to acceptable standards for the employee or agent's area of professional practice.**

**(9) A provider shall require employees or agents to comply with all laws and regulations governing a licensed or accredited person's profession.**

**(10) A provider shall require all employees or agents to maintain the confidentiality of individual information**

consistent with the standards of this article and all other laws and regulations governing confidentiality of individual information.

(11) A provider shall require all employees or agents to conduct all practice with honesty, integrity, and fairness.

(12) A provider shall require all employees or agents to fulfill professional commitments in good faith.

(13) A provider shall require all employees or agents to inform the public and colleagues of services by use of factual information.

(14) A provider shall not advertise or market services in a misleading manner.

(15) A provider providing services shall not engage in uninvited solicitation of potential clients, who are vulnerable to undue influence, manipulation, or coercion.

(16) A provider shall make reasonable efforts to avoid bias in any kind of professional evaluation.

(17) A provider shall notify the appropriate party, which may include:

(A) the division;

(B) the Indiana state department of health;

(C) a licensing authority;

(D) an accrediting agency;

(E) an employer;

(F) the office of the attorney general, consumer protection division;

of any unprofessional conduct that may jeopardize an individual's safety or influence the individual or individual's representative in any decision making process.

*(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-36-2; filed Apr 16, 2004, 10:00 a.m.: 27 IR 2726)*

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