

LSA NUMBER: #09-875 (Proposed Rule)
TITLE: Assertive Community Treatment Teams
DIVISION: Division of Mental Health and Addiction
PREPARED BY: Barbara Nardi, Staff Attorney, FSSA Office of General Counsel

OVERVIEW OF RULE: Adds 440 IAC 11, with regard to assertive community treatment teams, to provide definitions, to establish certification requirements, and to establish operational standards and requirements. Repeals 440 IAC 5.2.

FISCAL IMPACT: The proposed rule replaces the existing rule on the same topic, at 440 IAC 5.2. The proposed rule will create no fiscal burden on the affected providers. Any fiscal impact caused by adherence to this rule will have already been borne by the providers under the current rule and the new rule causes no additional burden. In addition, the new rule provides for the use of an Authorized Health Care Professional (AHCP) in lieu of some of the time of the team psychiatrist, thus potentially resulting in a cost savings to the providers.

COST/BENEFIT ANALYSIS: 440 IAC 11, regarding Assertive Community Treatment Teams, is a set of rules governing the operation of a specific and defined regimen of mental health treatment. 440 IAC 11 is being added to delete existing rules that are no longer deemed necessary and to add other rules that are assistive to the operation of affected treatment programs. The proposed rule no longer has various levels of certification and no longer has separate levels of compliance for urban and rural teams. The proposed rule allows the use of an AHCP to fulfill some of the time of the team psychiatrist, under the direction and supervision of the team psychiatrist. The proposed rule also defines and allows the use of a recovery specialist who provides consumers with direct services that promote socialization, recovery, self-advocacy, development of natural supports and maintenance of community living skills.

Costs to the providers from the proposed rule will be budget neutral. The benefits from the proposed rule outweigh the costs of the proposed rule.

OPPONENTS: None known.

PROPONENTS: (1) The Division of Mental Health and Addiction and (2) Community Mental Health Centers.

RECOMMENDATIONS: None known at this time.

PUBLIC HEARING COMMENTS: The proposed rule has been submitted to the State Budget Agency and to the Indiana Economic Development Corporation, but has not yet been approved. No public hearing is currently set.