

# ARTICLE 1.5. LICENSURE OF PRIVATE MENTAL HEALTH INSTITUTIONS

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## Rule 1. Definitions

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### 440 IAC 1.5-1-1 Applicability

Authority: [IC 12-21-2-3](#); [IC 12-25-1-2](#)  
Affected: [IC 12-25](#)

Sec. 1. The definitions in this rule apply throughout this article. (*Division of Mental Health and Addiction; 440 IAC 1.5-1-1; filed Oct 11, 2002, 11:26 a.m.: 26 IR 733; readopted filed Nov 5, 2008, 3:50 p.m.: [20081119-IR-440080742RFA](#); readopted filed Aug 11, 2014, 11:21 a.m.: [20140910-IR-440140240RFA](#); readopted filed Nov 9, 2020, 3:09 p.m.: [20201209-IR-440200502RFA](#)*)

### 440 IAC 1.5-1-2 "Accreditation" defined

Authority: [IC 12-21-2-3](#); [IC 12-25-1-2](#); [IC 12-25-1-4](#)  
Affected: [IC 12-25](#)

Sec. 2. "Accreditation" means that an accrediting agency has determined that a private mental health institution has met specific requirements of the accrediting agency. (*Division of Mental Health and Addiction; 440 IAC 1.5-1-2; filed Oct 11, 2002, 11:26 a.m.: 26 IR 733; filed Aug 11, 2008, 3:40 p.m.: [20080910-IR-440070875FRA](#); readopted filed Nov 5, 2008, 3:50 p.m.: [20081119-IR-440080742RFA](#); readopted filed Aug 11, 2014, 11:21 a.m.: [20140910-IR-440140240RFA](#); readopted filed Nov 9, 2020, 3:09 p.m.: [20201209-IR-440200502RFA](#)*)

### 440 IAC 1.5-1-3 "Accrediting agency" defined

Authority: [IC 12-21-2-3](#); [IC 12-25-1-2](#); [IC 12-25-1-4](#)  
Affected: [IC 12-25](#)

Sec. 3. "Accrediting agency" means an organization that:

- (1) has been approved as an accrediting agency by the division;
- (2) has developed clinical, financial, and organizational standards for the operation of a provider of mental health services;
- (3) evaluates a private mental health institution's compliance with the accrediting agency's established standards on a regularly scheduled basis; and
- (4) has been approved by the Centers for Medicare and Medicaid Services for deeming authority for Medicare requirements

under 42 CFR 488.5 or 42 CFR 488.6.

*(Division of Mental Health and Addiction; 440 IAC 1.5-1-3; filed Oct 11, 2002, 11:26 a.m.: 26 IR 733; filed Aug 11, 2008, 3:40 p.m.: [20080910-IR-440070875FRA](#); errata filed Sep 24, 2008, 3:17 p.m.: [20081008-IR-440070875ACA](#); readopted filed Nov 5, 2008, 3:50 p.m.: [20081119-IR-440080742RFA](#); readopted filed Aug 11, 2014, 11:21 a.m.: [20140910-IR-440140240RFA](#); readopted filed Nov 9, 2020, 3:09 p.m.: [20201209-IR-440200502RFA](#))*

**440 IAC 1.5-1-3.5 "Attending physician" defined**

Authority: [IC 12-21-2-3](#); [IC 12-25-1-2](#); [IC 12-25-1-4](#)

Affected: [IC 12-25](#)

Sec. 3.5. "Attending physician" means the licensed physician who has the overall responsibility and authority for the management and care of a consumer. The term includes another physician to whom the attending physician has delegated responsibility when the attending physician is unavailable. *(Division of Mental Health and Addiction; 440 IAC 1.5-1-3.5; filed Aug 11, 2008, 3:40 p.m.: [20080910-IR-440070875FRA](#); readopted filed Nov 5, 2008, 3:50 p.m.: [20081119-IR-440080742RFA](#); readopted filed Aug 11, 2014, 11:21 a.m.: [20140910-IR-440140240RFA](#); readopted filed Nov 9, 2020, 3:09 p.m.: [20201209-IR-440200502RFA](#))*

**440 IAC 1.5-1-4 "Consumer" defined**

Authority: [IC 12-21-2-3](#); [IC 12-25-1-2](#)

Affected: [IC 12-25](#)

Sec. 4. "Consumer" means an individual who is receiving assessment or mental health services from the private mental health institution. *(Division of Mental Health and Addiction; 440 IAC 1.5-1-4; filed Oct 11, 2002, 11:26 a.m.: 26 IR 733; readopted filed Nov 5, 2008, 3:50 p.m.: [20081119-IR-440080742RFA](#); readopted filed Aug 11, 2014, 11:21 a.m.: [20140910-IR-440140240RFA](#); readopted filed Nov 9, 2020, 3:09 p.m.: [20201209-IR-440200502RFA](#))*

**440 IAC 1.5-1-4.5 "Director" defined**

Authority: [IC 12-21-2-3](#); [IC 12-25-1-2](#); [IC 12-25-1-4](#)

Affected: [IC 12-25](#)

Sec. 4.5. "Director" means the director of the division. *(Division of Mental Health and Addiction; 440 IAC 1.5-1-4.5; filed Aug 11, 2008, 3:40 p.m.: [20080910-IR-440070875FRA](#); readopted filed Nov 5, 2008, 3:50 p.m.: [20081119-IR-440080742RFA](#); readopted filed Aug 11, 2014, 11:21 a.m.: [20140910-IR-440140240RFA](#); readopted filed Nov 9, 2020, 3:09 p.m.: [20201209-IR-440200502RFA](#))*

**440 IAC 1.5-1-5 "Division" defined**

Authority: [IC 12-21-2-3](#); [IC 12-25-1-2](#)

Affected: [IC 12-25](#)

Sec. 5. "Division" means the division of mental health and addiction. *(Division of Mental Health and Addiction; 440 IAC 1.5-1-5; filed Oct 11, 2002, 11:26 a.m.: 26 IR 733; readopted filed Nov 5, 2008, 3:50 p.m.: [20081119-IR-440080742RFA](#); readopted filed Aug 11, 2014, 11:21 a.m.: [20140910-IR-440140240RFA](#); readopted filed Nov 9, 2020, 3:09 p.m.: [20201209-IR-440200502RFA](#))*

**440 IAC 1.5-1-5.1 "Facility" defined**

Authority: [IC 12-21-2-3](#); [IC 12-25-1-2](#); [IC 12-25-1-4](#)

Affected: [IC 12-25-1](#)

Sec. 5.1. "Facility" means a private mental health institution licensed under [IC 12-25-1](#). *(Division of Mental Health and Addiction; 440 IAC 1.5-1-5.1; filed Aug 11, 2008, 3:40 p.m.: [20080910-IR-440070875FRA](#); readopted filed Nov 5, 2008, 3:50 p.m.: [20080910-IR-440070875FRA](#))*

[20081119-IR-440080742RFA](#); readopted filed Aug 11, 2014, 11:21 a.m.: [20140910-IR-440140240RFA](#); readopted filed Nov 9, 2020, 3:09 p.m.: [20201209-IR-440200502RFA](#))

**440 IAC 1.5-1-5.2 "Licensed independent practitioner" or "LIP" defined**

Authority: [IC 12-21-2-3](#); [IC 12-25-1-2](#); [IC 12-25-1-4](#)  
Affected: [IC 12-25](#)

Sec. 5.2. "Licensed independent practitioner" or "LIP" means an individual permitted by state law and by the policy of a facility to order restraint or seclusion for consumers independently within the scope of the individual's license and consistent with the clinical privileges granted to that individual. (*Division of Mental Health and Addiction; 440 IAC 1.5-1-5.2; filed Aug 11, 2008, 3:40 p.m.: [20080910-IR-440070875FRA](#); readopted filed Nov 5, 2008, 3:50 p.m.: [20081119-IR-440080742RFA](#); readopted filed Aug 11, 2014, 11:21 a.m.: [20140910-IR-440140240RFA](#); readopted filed Nov 9, 2020, 3:09 p.m.: [20201209-IR-440200502RFA](#)*)

**440 IAC 1.5-1-6 "Licensed mental health professional" defined**

Authority: [IC 12-21-2-3](#); [IC 12-25-1-2](#)  
Affected: [IC 12-25](#)

Sec. 6. "Licensed mental health professional" means a mental health professional whose scope of practice under Indiana licensure encompasses the expertise involved in writing orders for treatment and who is appropriately credentialed under the private mental health institution's bylaws and policies to write such orders. (*Division of Mental Health and Addiction; 440 IAC 1.5-1-6; filed Oct 11, 2002, 11:26 a.m.: 26 IR 734; readopted filed Nov 5, 2008, 3:50 p.m.: [20081119-IR-440080742RFA](#); readopted filed Aug 11, 2014, 11:21 a.m.: [20140910-IR-440140240RFA](#); readopted filed Nov 9, 2020, 3:09 p.m.: [20201209-IR-440200502RFA](#)*)

**440 IAC 1.5-1-7 "Mental health services" defined**

Authority: [IC 12-21-2-3](#); [IC 12-25-1-2](#)  
Affected: [IC 12-25](#)

Sec. 7. "Mental health services" means psychological services, counseling services, case management services, residential services, and other social services for the treatment and care of individuals with psychiatric disorders or chronic addictive disorders, or both. (*Division of Mental Health and Addiction; 440 IAC 1.5-1-7; filed Oct 11, 2002, 11:26 a.m.: 26 IR 734; readopted filed Nov 5, 2008, 3:50 p.m.: [20081119-IR-440080742RFA](#); readopted filed Aug 11, 2014, 11:21 a.m.: [20140910-IR-440140240RFA](#); readopted filed Nov 9, 2020, 3:09 p.m.: [20201209-IR-440200502RFA](#)*)

**440 IAC 1.5-1-7.5 "Physician" defined**

Authority: [IC 12-21-2-3](#); [IC 12-25-1-2](#); [IC 12-25-1-4](#)  
Affected: [IC 12-25](#); [IC 25-22.5](#)

Sec. 7.5. "Physician" means an individual who holds an unlimited license to practice medicine under [IC 25-22.5](#). (*Division of Mental Health and Addiction; 440 IAC 1.5-1-7.5; filed Aug 11, 2008, 3:40 p.m.: [20080910-IR-440070875FRA](#); readopted filed Nov 5, 2008, 3:50 p.m.: [20081119-IR-440080742RFA](#); readopted filed Aug 11, 2014, 11:21 a.m.: [20140910-IR-440140240RFA](#); readopted filed Nov 9, 2020, 3:09 p.m.: [20201209-IR-440200502RFA](#)*)

**440 IAC 1.5-1-8 "Private mental health institution" defined**

Authority: [IC 12-21-2-3](#); [IC 12-25-1-2](#)  
Affected: [IC 12-25](#); [IC 16](#)

Sec. 8. "Private mental health institution" means an inpatient hospital setting, including inpatient and outpatient services provided in that setting, for the treatment and care of individuals with psychiatric disorders or chronic addictive disorders, or both, that is physically, organizationally, and programmatically independent of any hospital or health facility licensed by the Indiana state department of health under [IC 16](#). (*Division of Mental Health and Addiction; 440 IAC 1.5-1-8; filed Oct 11, 2002, 11:26 a.m.: 26*







**440 IAC 1.5-2-3 Application for licensure**

Authority: [IC 12-21-2-3](#); [IC 12-25-1-2](#); [IC 12-25-1-4](#)

Affected: [IC 4-21.5-3](#); [IC 12-25-1-6](#); [IC 12-25-3-1](#)

Sec. 3. (a) An entity seeking a license as a private mental health institution shall file an application with the division.

(b) The application shall contain the following:

(1) A description of the organizational structure and mission of the applicant.

(2) The location of all operational sites of the applicant.

(3) The:

(A) consumer population to be served; and

(B) program focus.

(4) A list of governing board members and executive staff.

(5) A copy of the applicant's procedures to ensure protection of consumer rights and confidentiality.

(6) Written evidence of the following:

(A) An on-site review and inspection by the:

(i) Indiana state department of health; and

(ii) division of fire and building safety of the department of homeland security.

(B) The correction of any deficiencies.

(7) Other materials as requested by the division to assist in the evaluation of the application.

(c) An applicant that is accredited shall submit the following to the division:

(1) Proof of accreditation in all services provided by the applicant.

(2) Site survey recommendations from the accrediting agency.

(3) The applicant's responses to the site survey recommendations.

(d) The division may require the applicant to correct any deficiencies described in the site survey.

(e) If an applicant is not yet accredited in all services provided by the applicant, but provides proof of application to an accrediting agency approved by the division, the division may issue a temporary license for a period of six (6) months.

(f) At the end of the six (6) month period of a temporary license granted under subsection (e), the division may extend the temporary license for not longer than six (6) additional months, if the nonaccredited applicant continues to meet all other requirements for a license except for accreditation.

(g) Prior to the expiration of an extended temporary license under subsection (f), the applicant shall provide the division with the following:

(1) Proof of accreditation.

(2) Site survey recommendations from the accrediting agency.

(3) The applicant's responses to the site survey recommendations.

(4) If required by the division, proof of the correction of any deficiency described in the site survey.

(5) Any other materials requested by the division as a part of the application process.

(h) If an applicant fails to achieve accreditation within a period of twelve (12) months from the date of application, the applicant may not reapply for a license until twelve (12) months after an extended temporary license expires.

(i) The division may issue a regular license as a private mental health institution to the applicant if the division determines that the applicant meets all criteria for a license as a private mental health institution set forth in this rule and in federal and state law.

(j) A regular license shall expire one (1) year after the date of issuance.

(k) A facility must obtain a new license when any of the following occurs:

(1) A change in any of the following:

(A) Ownership as determined by the division in conjunction with the requirements of the accrediting agency.

(B) The location of the physical plant.

(C) The primary program focus.

(2) The existing license expires.

(l) Under [IC 12-25-1-6](#), the director may do either of the following:

(1) Issue a license upon an application without further evidence.

(2) Conduct:

- (A) a hearing on the application; and
- (B) an investigation to determine whether a license should be granted.

(m) If an applicant is denied a license, or is otherwise aggrieved by an action of the director, after a hearing under subsection (l), the applicant may do either of the following:

- (1) Seek administrative review of that determination under [IC 4-21.5-3](#).
- (2) File an action under [IC 12-25-3-1](#).

(n) If an applicant is denied a license, the applicant may not submit a new application for a license for a period of twelve (12) months from the effective date of the division's denial of a license. (*Division of Mental Health and Addiction; 440 IAC 1.5-2-3; filed Oct 11, 2002, 11:26 a.m.: 26 IR 735; filed Aug 11, 2008, 3:40 p.m.: [20080910-IR-440070875FRA](#); readopted filed Nov 5, 2008, 3:50 p.m.: [20081119-IR-440080742RFA](#); readopted filed Aug 11, 2014, 11:21 a.m.: [20140910-IR-440140240RFA](#); readopted filed Nov 9, 2020, 3:09 p.m.: [20201209-IR-440200502RFA](#)*)

**440 IAC 1.5-2-4 Maintenance of licensure**

Authority: [IC 12-21-2-3](#); [IC 12-25-1-2](#); [IC 12-25-1-4](#)

Affected: [IC 12-25](#); [IC 12-27](#)

Sec. 4. To maintain licensure, a private mental health institution shall do the following:

(1) Maintain accreditation from an accrediting agency approved by the division. The division shall annually provide all private mental health institutions with a list of accrediting agencies approved by the division.

(2) Maintain compliance with required:

- (A) health;
- (B) building;
- (C) fire; and
- (D) safety;

codes as prescribed by federal, state, and local law.

(3) Have written policies and enforce these policies to support and protect the fundamental human, civil, constitutional, and statutory rights of each consumer.

(4) Give a written statement of rights under [IC 12-27](#) to each consumer. The statement shall include the toll free consumer service line number and the telephone number for Indiana protection and advocacy services.

(5) Post the written statement of rights in a conspicuous place in an area of the facility open and accessible to consumers and to the public.

(6) Document in the consumer's record that staff provided both a written and an oral explanation of these rights to each consumer.

(7) Respond to complaints from the consumer service line in a timely manner.

(*Division of Mental Health and Addiction; 440 IAC 1.5-2-4; filed Oct 11, 2002, 11:26 a.m.: 26 IR 736; filed Aug 11, 2008, 3:40 p.m.: [20080910-IR-440070875FRA](#); readopted filed Nov 5, 2008, 3:50 p.m.: [20081119-IR-440080742RFA](#); readopted filed Aug 11, 2014, 11:21 a.m.: [20140910-IR-440140240RFA](#); readopted filed Nov 9, 2020, 3:09 p.m.: [20201209-IR-440200502RFA](#)*)

**440 IAC 1.5-2-5 Notification of changes**

Authority: [IC 12-21-2-3](#); [IC 12-25-1-2](#); [IC 12-25-1-4](#)

Affected: [IC 12-25](#); [IC 12-27](#)

Sec. 5. (a) A private mental health institution shall notify the division, in writing, in the manner designated in subsection (b), within thirty (30) days prior to any of the following:

(1) A change in any of the following:

- (A) Ownership.
- (B) The location of any operational site of the private mental health institution.
- (C) The primary program focus of the private mental health institution.

(2) The effective date of a change in subdivision (1).



(3) The:

- (A) date of a scheduled accreditation survey; and
- (B) name of the accrediting agency.

(b) The facility shall submit to the division the written notice required in subsection (a) in the following manner:

- (1) For subsection (a)(1) and (a)(2), on a form designated by the division.
- (2) For subsection (a)(3), on the facility's letterhead.

(c) If a facility does not provide the division with at least thirty (30) days advance written notice of the information required in subsection (a)(1), the division shall record such information on the facility's license effective on the date when the division receives written notice of a change under subsection (a)(1)(A) or (a)(1)(B) or the effective date of the change under subsection (a)(1)(C).

(d) A private mental health institution shall notify the division, in writing on the facility's letterhead, within ten (10) working days after any of the following:

- (1) A change in any of the following:
  - (A) The accreditation status of the private mental health institution.
  - (B) The president of the governing board.
  - (C) The chief executive officer of the private mental health institution.
- (2) An unannounced accreditation survey.
- (3) The initiation of bankruptcy proceedings.
- (4) An adverse action against the facility as the result of a violation of:
  - (A) health;
  - (B) building;
  - (C) fire; or
  - (D) safety;

codes as prescribed by federal, state, or local law.

(5) A documented violation of the rights of an individual being treated in the private mental health institution under [IC 12-27](#). (*Division of Mental Health and Addiction; 440 IAC 1.5-2-5; filed Oct 11, 2002, 11:26 a.m.: 26 IR 736; filed Aug 11, 2008, 3:40 p.m.: [20080910-IR-440070875FRA](#); errata filed Sep 24, 2008, 3:17 p.m.: [20081008-IR-440070875ACA](#); readopted filed Nov 5, 2008, 3:50 p.m.: [20081119-IR-440080742RFA](#); readopted filed Aug 11, 2014, 11:21 a.m.: [20140910-IR-440140240RFA](#); readopted filed Nov 9, 2020, 3:09 p.m.: [20201209-IR-440200502RFA](#))*

#### **440 IAC 1.5-2-6 Conditional licensing**

Authority: [IC 12-21-2-3](#); [IC 12-25-1-2](#); [IC 12-25-1-4](#)

Affected: [IC 12-25-2](#)

Sec. 6. (a) The division shall change the licensing status of a private mental health institution to that of a conditional license if the division determines that the private mental health institution has received conditional accreditation status.

(b) The division may change the licensing status of a private mental health institution to that of a conditional license if the division determines that the private mental health institution no longer meets the requirements in this article.

(c) Within a conditional licensure period, the division may do any of the following:

- (1) Require that the facility stop all new admissions.
- (2) Grant an extension of the conditional license.
- (3) Reinstate the regular license of the private mental health institution if the division's requirements are met within the imposed deadline.
- (4) Take action to suspend or revoke the facility's license as a private mental health institution if the division's requirements are not met within the imposed deadline.

(d) The division shall give written notice to the chief executive officer of the private mental health institution of any change in the facility's certification status. The notice shall include the following:

- (1) The:
  - (A) standards not met; and
  - (B) actions the private mental health institution must take to meet those standards.

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- (2) The amount of time granted the private mental health institution to meet the required standard.
- (3) Actions to be taken by the private mental health institution during the time period of the extension.
- (e) The division has the discretion to determine the time period and frequency of a conditional license; however, a conditional license plus any extensions thereof may not exceed a total period of twelve (12) months.
- (f) Extension requirements shall include the following:
  - (1) If the division grants an extension of a conditional license, the division shall notify the private mental health institution in writing.
  - (2) The notice shall include the following:
    - (A) The time period of the extension.
    - (B) The:
      - (i) standards not met; and
      - (ii) actions the private mental health institution must take to meet those standards.
    - (C) The actions to be taken by the private mental health institution during the time period of the extension.
  - (g) If the private mental health institution does not attain the improvements required by the division within the period of time required, the division shall take action to suspend or revoke the private mental health institution's license in accordance with [IC 12-25-2](#). (*Division of Mental Health and Addiction; 440 IAC 1.5-2-6; filed Oct 11, 2002, 11:26 a.m.: 26 IR 736; filed Aug 11, 2008, 3:40 p.m.: 20080910-IR-440070875FRA; readopted filed Nov 5, 2008, 3:50 p.m.: 20081119-IR-440080742RFA; readopted filed Aug 11, 2014, 11:21 a.m.: 20140910-IR-440140240RFA; readopted filed Nov 9, 2020, 3:09 p.m.: 20201209-IR-440200502RFA*)

**440 IAC 1.5-2-7 Revocation of a license**

Authority: [IC 12-21-2-3](#); [IC 12-25-1-2](#); [IC 12-25-1-4](#)  
Affected: [IC 12-25-2](#)

Sec. 7. (a) The division may revoke a license issued under this article after the division's investigation and determination of the following:

- (1) A substantive change in the operation of the private mental health institution, which, under the standards for accreditation, would cause the accrediting agency to revoke the facility's accreditation.
  - (2) Failure of the private mental health institution to regain accreditation within ninety (90) days following expiration of the private mental health institution's current accreditation.
  - (3) Failure to comply with this article.
  - (4) The physical safety of the consumers or staff of the private mental health institution is compromised by a physical or sanitary condition of a physical facility of a private mental health institution.
  - (5) Violation of a federal, state, or local statute, ordinance, rule, or regulation in the course of the operation of the private mental health institution that endangers either the:
    - (A) health or safety of consumers; or
    - (B) continuity of services to consumers.
  - (b) In order to revoke a license, the director shall follow the requirements in [IC 12-25-2](#).
  - (c) If the division revokes an entity's license as a private mental health institution, the entity may not do the following:
    - (1) Continue to operate.
    - (2) Reapply to become a private mental health institution until a lapse of twelve (12) months from the date of the revocation.
- (*Division of Mental Health and Addiction; 440 IAC 1.5-2-7; filed Oct 11, 2002, 11:26 a.m.: 26 IR 737; filed Aug 11, 2008, 3:40 p.m.: 20080910-IR-440070875FRA; readopted filed Nov 5, 2008, 3:50 p.m.: 20081119-IR-440080742RFA; readopted filed Aug 11, 2014, 11:21 a.m.: 20140910-IR-440140240RFA; readopted filed Nov 9, 2020, 3:09 p.m.: 20201209-IR-440200502RFA*)

**440 IAC 1.5-2-8 Appeal rights**

Authority: [IC 12-21-2-3](#); [IC 12-25-1-2](#); [IC 12-25-1-4](#)  
Affected: [IC 4-21.5-3](#); [IC 12-25-3-1](#)

Sec. 8. A private mental health institution licensee or applicant that is aggrieved by any adverse action taken under this rule may do either of the following:

(1) Appeal the action under [IC 12-25-3-1](#).

(2) Seek administrative review under [IC 4-21.5-3](#).

*(Division of Mental Health and Addiction; 440 IAC 1.5-2-8; filed Oct 11, 2002, 11:26 a.m.: 26 IR 737; filed Aug 11, 2008, 3:40 p.m.: [20080910-IR-440070875FRA](#); readopted filed Nov 5, 2008, 3:50 p.m.: [20081119-IR-440080742RFA](#); readopted filed Aug 11, 2014, 11:21 a.m.: [20140910-IR-440140240RFA](#); readopted filed Nov 9, 2020, 3:09 p.m.: [20201209-IR-440200502RFA](#))*

### Rule 3. Organizational Standards and Requirements

<a href="#">440 IAC 1.5-3-1</a>	Governing board
<a href="#">440 IAC 1.5-3-2</a>	Medical or professional staff organization
<a href="#">440 IAC 1.5-3-3</a>	Quality assessment and improvement
<a href="#">440 IAC 1.5-3-4</a>	Dietetic services
<a href="#">440 IAC 1.5-3-5</a>	Infection control
<a href="#">440 IAC 1.5-3-6</a>	Medical record services
<a href="#">440 IAC 1.5-3-7</a>	Nursing service
<a href="#">440 IAC 1.5-3-8</a>	Physical plant; maintenance and environmental services
<a href="#">440 IAC 1.5-3-9</a>	Intake and treatment
<a href="#">440 IAC 1.5-3-10</a>	Discharge planning services
<a href="#">440 IAC 1.5-3-11</a>	Pharmacy services
<a href="#">440 IAC 1.5-3-12</a>	Plan for special procedures
<a href="#">440 IAC 1.5-3-13</a>	Requirements and procedures for the use of restraint or seclusion

#### 440 IAC 1.5-3-1 Governing board

Authority: [IC 12-21-2-3](#); [IC 12-25-1-2](#); [IC 12-25-1-4](#)

Affected: [IC 12-25](#)

Sec. 1. (a) The private mental health institution shall have a governing board.

(b) The purpose of the governing board is to:

(1) make policy; and

(2) assure the effective implementation of the policy.

(c) The duties of the governing board include the following:

(1) Meeting on a regular basis.

(2) Employing a chief executive officer for the private mental health institution who is delegated the authority and responsibility for managing the private mental health institution.

(3) Delineating in writing the responsibility and authority of the chief executive officer.

(4) Ensuring the following:

(A) All workers, including contract and agency personnel, for whom a license, registration, or certification is required, maintain their current license, registration, or certification.

(B) The facility retains the documentation of the same.

(C) The documentation is available within a reasonable period of time.

(D) Orientation and training programs are provided to all employees, and each employee has a periodic performance evaluation, which includes the following:

(i) A competency evaluation.

(ii) An individualized education plan.

(5) Evaluating the performance of the chief executive officer. An evaluation must be conducted at least every other year.

(6) Establishing and enforcing prudent business and fiscal policies for the private mental health institution.

(7) Developing and enforcing written policies governing private mental health institution operations.

(8) Developing and implementing an ongoing strategic plan that:

(A) identifies the priorities of the governing board; and

(B) considers community input and consumer assessment of programs and services offered.

(9) Assuring that minutes of all meetings:



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Sec. 2. (a) A facility shall have a single organized medical or professional staff that has the overall responsibility for the following:

- (1) The quality of all clinical care provided to consumers.
- (2) The professional practices of its members.
- (3) Accounting to the governing board.

(b) The appointment and reappointment of medical or professional staff shall be based on well-defined, written criteria whereby a determination can be made that an individual is:

- (1) appropriately:
  - (A) licensed;
  - (B) certified;
  - (C) registered; or
  - (D) experienced; and
- (2) qualified for the privileges and responsibilities sought.

(c) Clinical privileges shall be:

- (1) facility specific; and
- (2) based on an individual's demonstrated current competency.

(d) The facility shall:

- (1) provide clinical supervision when required or indicated; and
- (2) have a physician on call twenty-four (24) hours a day.

(e) The private mental health institution shall have on staff a medical services director who meets the following criteria:

- (1) The medical services director has responsibility for the oversight and provision of all medical services.
- (2) The medical services director is a physician licensed to practice medicine in Indiana.

*(Division of Mental Health and Addiction; 440 IAC 1.5-3-2; filed Oct 11, 2002, 11:26 a.m.: 26 IR 738; filed Aug 11, 2008, 3:40 p.m.: [20080910-IR-440070875FRA](#); readopted filed Nov 5, 2008, 3:50 p.m.: [20081119-IR-440080742RFA](#); readopted filed Aug 11, 2014, 11:21 a.m.: [20140910-IR-440140240RFA](#); readopted filed Nov 9, 2020, 3:09 p.m.: [20201209-IR-440200502RFA](#))*

#### **440 IAC 1.5-3-3 Quality assessment and improvement**

Authority: [IC 12-21-2-3](#); [IC 12-25-1-2](#); [IC 12-25-1-4](#)

Affected: [IC 12-25](#)

Sec. 3. (a) The facility shall establish a planned, systematic, and organizational approach to process design, performance, analysis, and improvement. The plan must be interdisciplinary and involve all areas of the facility. Performance expectations shall be established, measured, aggregated, and analyzed on an ongoing basis, comparing performance over time and with other sources. Through this process, the facility identifies changes that will lead to improved performance that is achieved, is sustained, and reduces the risk of sentinel events.

(b) The process analyzes and makes necessary improvements to the following:

- (1) All services, including the services of any contractor.
- (2) All functions, including, but not limited to, the following:
  - (A) Discharge and transfer.
  - (B) Infection control.
  - (C) Medication use.
  - (D) Response to emergencies.
  - (E) Restraint and seclusion.
  - (F) Consumer injury.
  - (G) Staff injury.
  - (H) Any other areas that are high-risk, problem prone, or high volume incidents.

(3) All medical and treatment services performed in the facility with regard to appropriateness of diagnosis and treatments related to a standard of care and anticipated or expected outcomes.

(c) The facility shall take appropriate action to address the opportunities for improvement found through the quality assessment and improvement plan and shall ensure the following:

- (1) The action shall be documented.
- (2) The outcome of the action shall be documented as to the action's effectiveness, continued follow-up, and the impact on consumer care.

*(Division of Mental Health and Addiction; 440 IAC 1.5-3-3; filed Oct 11, 2002, 11:26 a.m.: 26 IR 739; filed Aug 11, 2008, 3:40 p.m.: [20080910-IR-440070875FRA](#); readopted filed Nov 5, 2008, 3:50 p.m.: [20081119-IR-440080742RFA](#); readopted filed Aug 11, 2014, 11:21 a.m.: [20140910-IR-440140240RFA](#); readopted filed Nov 9, 2020, 3:09 p.m.: [20201209-IR-440200502RFA](#))*

#### **440 IAC 1.5-3-4 Dietetic services**

Authority: [IC 12-21-2-3](#); [IC 12-25-1-2](#); [IC 12-25-1-4](#)

Affected: [IC 12-25](#)

Sec. 4. (a) The private mental health institution shall have organized food and dietary services that are directed and staffed by adequate, qualified personnel, or a contract with an outside food management company that meets the minimum standards specified in this section.

(b) The food and dietetic service shall have the following staff:

(1) A full-time employee who shall perform the following duties:

(A) Serve as the director of food and dietetic services.

(B) Be responsible for the daily management of dietary services.

(2) A registered dietitian, full time, part time, or on a consulting basis. If a consultant is used, the consultant shall perform the following tasks:

(A) Submit periodic written reports on the dietary services provided.

(B) Provide the number of on-site dietitian hours commensurate with the following:

(i) The type of dietary supervision required.

(ii) Bed capacity.

(iii) The complexity of consumer care services.

(C) Complete nutritional assessments.

(D) Approve menus.

(3) Administrative and technical personnel competent in their respective duties.

(c) The dietary service shall do the following:

(1) Provide for liaison with the medical or professional staff for recommendations on dietetic policies affecting consumer treatment.

(2) Correlate and integrate dietary care functions with the functions of other consumer care personnel including, but not limited to, the following functions:

(A) Consumer nutritional assessment and intervention.

(B) Recording pertinent information on the consumer's chart.

(C) Conferring with and sharing specialized knowledge with other members of the consumer care team.

(d) Menus shall meet the needs of the consumers as follows:

(1) Therapeutic diets shall be prescribed by the practitioner responsible for the care of the consumer.

(2) Nutritional needs shall be met in accordance with the following:

(A) Recognized dietary standards of practice.

(B) The orders of the responsible practitioner.

(3) A current therapeutic diet manual approved by the dietitian and medical or professional staff shall be readily available to all medical, nursing, and food service personnel.

(4) Menus shall be followed and posted in the food preparation and serving area.

(5) Menus served shall be maintained on file for at least thirty (30) days.

*(Division of Mental Health and Addiction; 440 IAC 1.5-3-4; filed Oct 11, 2002, 11:26 a.m.: 26 IR 739; filed Aug 11, 2008, 3:40 p.m.: [20080910-IR-440070875FRA](#); readopted filed Nov 5, 2008, 3:50 p.m.: [20081119-IR-440080742RFA](#); readopted filed Aug 11, 2014, 11:21 a.m.: [20140910-IR-440140240RFA](#); readopted filed Nov 9, 2020, 3:09 p.m.: [20201209-IR-440200502RFA](#))*













required from the division of sanitary engineering of the Indiana state department of health.

(10) All backflow prevention devices shall be installed as required by 327 IAC 8-10 and the current edition of the Indiana plumbing code. Such devices shall be listed as approved by the Indiana state department of health.

(11) Upon receipt of a construction design release from the division of fire and building safety, plan review section of the department of homeland security and documentation of a completed plan review by the division of sanitary engineering of the Indiana state department of health, an entity, which is not yet licensed by the division under this article, shall submit a license application to the division on a form approved and provided by the division.

(d) The equipment requirements are as follows:

(1) All equipment shall be:

- (A) in good working order; and
- (B) regularly serviced and maintained.

(2) The facility shall have sufficient equipment and space to assure the safe, effective, and timely provision of the available services to consumers as follows:

(A) All mechanical equipment (pneumatic, electric, or other) shall be on a documented maintenance schedule of appropriate frequency and with the manufacturer's recommended maintenance schedule.

(B) The facility shall retain the following:

- (i) Evidence of preventive maintenance on all equipment.
- (ii) Appropriate records to document equipment maintenance, repairs, and current leakage checks.

(3) Defibrillators shall be discharged at a minimum in accordance with manufacturers' recommendations. A discharge log with initialed entries shall be maintained.

(4) Electrical safety shall be practiced in all areas.

(e) The building or buildings, including fixtures, walls, floors, ceiling, and furnishings throughout, shall be kept clean and orderly in accordance with current standards of practice as follows:

(1) Environmental services shall be provided in such a way as to guard against the transmission of disease to consumers, health care workers, the public, and visitors by using the current principles of the following:

- (A) Asepsis.
- (B) Cross infection.
- (C) Safe practice.

(2) Refuse and garbage shall be:

- (A) collected;
- (B) transported;
- (C) sorted; and
- (D) disposed of;

by methods that will minimize nuisances or hazards.

(f) The safety management program shall include, but not be limited to, the following:

(1) An ongoing facility wide process to evaluate and collect information about hazards and safety practices to be reviewed by the safety committee.

(2) A safety committee appointed by the chief executive officer that includes representatives from:

- (A) administration;
- (B) consumer services; and
- (C) support services.

(3) The safety program that includes, but is not limited to, the following:

- (A) Consumer safety.
- (B) Health care worker safety.
- (C) Public and visitor safety.
- (D) Hazardous materials and wastes management in accordance with federal and state rules.

(E) A written fire control plan that complies with the provisions of the Indiana Fire Code and contains provisions for the following:

- (i) The extinguishing of fires.
- (ii) Protection of consumers, personnel, and guests.

(iii) Evacuation.

(iv) Cooperation with firefighting authorities.

(F) Maintenance of written evidence of regular inspection and approval by state or local fire inspection authorities.

(G) Emergency and disaster preparedness coordinated with appropriate community, state, and federal agencies.

*(Division of Mental Health and Addiction; 440 IAC 1.5-3-8; filed Oct 11, 2002, 11:26 a.m.: 26 IR 741; filed Aug 11, 2008, 3:40 p.m.: [20080910-IR-440070875FRA](#); readopted filed Nov 5, 2008, 3:50 p.m.: [20081119-IR-440080742RFA](#); readopted filed Aug 11, 2014, 11:21 a.m.: [20140910-IR-440140240RFA](#); readopted filed Nov 9, 2020, 3:09 p.m.: [20201209-IR-440200502RFA](#))*

#### **440 IAC 1.5-3-9 Intake and treatment**

Authority: [IC 12-21-2-3](#); [IC 12-25-1-2](#); [IC 12-25-1-4](#)

Affected: [IC 12-25](#)

Sec. 9. (a) The facility shall have policies and procedures that govern the intake and assessment process to determine eligibility for services.

(b) Treatment required by a consumer shall be appropriate to the facility and the professional expertise of the staff.

(c) A consumer may be admitted if alternatives for less intensive and restrictive treatment are not available in the community.

(d) A physical examination shall be completed by:

(1) a licensed physician;

(2) an advanced practice nurse; or

(3) a physician's assistant;

within twenty-four (24) hours after admission.

(e) An initial:

(1) emotional;

(2) behavioral;

(3) social; and

(4) legal;

assessment of each consumer shall be completed upon admission.

(f) If the consumer being admitted is less than eighteen (18) years of age, then the initial assessment shall also include the following:

(1) An evaluation of school progress.

(2) A report of involvement with other social or legal services agencies.

(3) An assessment of family functioning and relationships.

Family input and advice shall be considered in the diagnosis, treatment planning, and discharge planning process.

(g) A child who is fourteen (14) years of age or younger may be admitted to a nonsegregated unit, that is, an adult unit, only in an emergency. The facility shall:

(1) specify in advance the criteria for such an emergency admission; and

(2) require an evaluation of the child by a child psychiatrist within sixty (60) hours of admission.

(h) A facility shall do the following:

(1) Verbally report to the division an admission under subsection (g) within twenty-four (24) hours of the admission as required under 440 IAC 1.5-2-2(e)(5).

(2) Submit a written report to the division within ten (10) working days as required under 440 IAC 1.5-2-2(f) in the form specified in 440 IAC 1.5-2-2(h).

(i) A preliminary treatment plan for each consumer shall be formulated within sixty (60) hours of admission on the basis of the intake assessment at the time of admission.

(j) Each consumer shall be encouraged and allowed to participate in the development and review of the consumer's own treatment plan. If the consumer:

(1) agrees to family participation; and

(2) signs a release of information;

the facility shall consider input from and participate with the family in the diagnosis and treatment process.

(k) A consumer's choice not to participate in the consumer's treatment planning process shall be documented in the clinical

record.

(l) The treatment plan shall:

- (1) specify the services necessary to meet the consumer's needs; and
- (2) contain discharge or release criteria and the discharge plan.

(m) Progress notes shall be entered daily in the consumer's record by staff having knowledge of the consumer and responsibility for implementing the treatment plan. The notes from all sources shall be:

- (1) entered in an integrated chronological order in the record;
- (2) signed; and
- (3) dated.

(n) Each consumer's treatment plan shall be:

- (1) reviewed at least every seven (7) days; and
- (2) revised as necessary.

*(Division of Mental Health and Addiction; 440 IAC 1.5-3-9; filed Oct 11, 2002, 11:26 a.m.: 26 IR 743; filed Aug 11, 2008, 3:40 p.m.: [20080910-IR-440070875FRA](#); readopted filed Nov 5, 2008, 3:50 p.m.: [20081119-IR-440080742RFA](#); readopted filed Aug 11, 2014, 11:21 a.m.: [20140910-IR-440140240RFA](#); readopted filed Nov 9, 2020, 3:09 p.m.: [20201209-IR-440200502RFA](#))*

**440 IAC 1.5-3-10 Discharge planning services**

Authority: [IC 12-21-2-3](#); [IC 12-25-1-2](#)

Affected: [IC 12-25](#)

Sec. 10. To facilitate discharge as soon as an inpatient level of care is no longer required, the private mental health institution shall have effective, ongoing discharge planning initiated at admission that does the following:

- (1) Facilitates the provision of follow-up care.
- (2) Transfers or refers consumers, along with necessary medical information and records, to appropriate facilities, agencies, or outpatient services, as needed, for follow-up or ancillary care. The information shall include, but not be limited to, the following:
  - (A) Medical history.
  - (B) Current medications.
  - (C) Available social, psychological, and educational services to meet the needs of the consumer.
  - (D) Nutritional needs.
  - (E) Outpatient service needs.
  - (F) Follow-up care needs.
- (3) Utilizes available community and private mental health institution resources to provide appropriate referrals or make available social, psychological, and educational services to meet the needs of the consumer.

*(Division of Mental Health and Addiction; 440 IAC 1.5-3-10; filed Oct 11, 2002, 11:26 a.m.: 26 IR 744; readopted filed Nov 5, 2008, 3:50 p.m.: [20081119-IR-440080742RFA](#); readopted filed Aug 11, 2014, 11:21 a.m.: [20140910-IR-440140240RFA](#); readopted filed Nov 9, 2020, 3:09 p.m.: [20201209-IR-440200502RFA](#))*

**440 IAC 1.5-3-11 Pharmacy services**

Authority: [IC 12-21-2-3](#); [IC 12-25-1-2](#); [IC 12-25-1-4](#)

Affected: [IC 12-25](#)

Sec. 11. The private mental health institution shall have a pharmacy service that ensures that medication use processes are organized and systematic throughout the facility. The following requirements apply:

- (1) The facility shall do the following:
  - (A) Identify an appropriate selection or formulary of medications available for prescribing or ordering.
  - (B) Address the prescribing or ordering and the procurement of medications not available within the formulary.
- (2) Policies and procedures shall be in place to:
  - (A) support safe prescription ordering and storage; and
  - (B) address such issues as:

- (i) pain management medication; and
  - (ii) PRN medications.
- (3) The facility shall adhere to law, regulation, licensure, and professional standards of practice regarding the preparation and dispensing of medication.
- (4) The preparation and dispensing of medication shall be appropriately controlled as follows:
- (A) The facility shall have an individual patient dose system in place.
  - (B) A pharmacist shall review all medication prescriptions or orders, including a review for interactions and adverse effects.
  - (C) A system shall be in place to assure that consumer medication information is considered when medication is prepared and dispensed for a consumer.
  - (D) The facility shall have a procedure in place for the availability of pharmacy services at any time when the pharmacy is closed or otherwise unavailable.
  - (E) Emergency medications shall be consistently available, controlled, and secure in the pharmacy and consumer care areas.
  - (F) The facility shall have a medication recall system for the retrieval and safe disposal of:
    - (i) expired;
    - (ii) discontinued; and
    - (iii) recalled;
 medications.
- (5) The facility shall have a system in place to ensure that:
- (A) prescriptions or orders are verified; and
  - (B) consumers are properly identified;
- before any medication is administered or dispensed.
- (6) Any investigational medication shall be safely:
- (A) controlled and administered during any experimental or investigational trial; and
  - (B) destroyed at the conclusion of any experimental or investigational trial.
- (7) A facility shall have the following in place:
- (A) A written policy that assures the routine inspection of the storage of all medications.
  - (B) A written system to address appropriate storage and dispensing of sample medications.

*(Division of Mental Health and Addiction; 440 IAC 1.5-3-11; filed Oct 11, 2002, 11:26 a.m.: 26 IR 744; filed Aug 11, 2008, 3:40 p.m.: [20080910-IR-440070875FRA](#); readopted filed Nov 5, 2008, 3:50 p.m.: [20081119-IR-440080742RFA](#); readopted filed Aug 11, 2014, 11:21 a.m.: [20140910-IR-440140240RFA](#); readopted filed Nov 9, 2020, 3:09 p.m.: [20201209-IR-440200502RFA](#))*

**440 IAC 1.5-3-12 Plan for special procedures**

Authority: [IC 12-21-2-3](#); [IC 12-25-1-2](#); [IC 12-25-1-4](#)

Affected: [IC 12-25](#); [IC 16-36-1](#)

Sec. 12. (a) A private mental health institution shall have policies and a written plan in place that shall include clinical justification for the use of any of the following special procedures:

- (1) Restraint or seclusion or the simultaneous use of restraint and seclusion.
- (2) Electro-convulsive therapy.
- (3) An investigational drug or an experimental drug.

(b) The use of restraint or seclusion or the simultaneous use of restraint and seclusion shall be governed by the provisions of section 13 of this rule.

(c) If any procedure listed in subsection (a) is used, the facility shall clearly state the rationale for the use in the consumer's record.

(d) Prior to using electro-convulsive therapy, an investigational drug, or an experimental drug, the facility shall obtain the written informed consent for the use as follows:

- (1) From the consumer, if the consumer has the legal capacity to make such decision.
- (2) If the consumer does not have the legal capacity to make such decision, from either of the following:









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- (DD) Any special requirements specified by facility policy associated with the one (1) hour face-to-face evaluation.
  - (vii) The use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification.
  - (C) Individuals providing staff training must be qualified as evidenced by education, training, and experience in techniques used to address consumers' behaviors.
  - (D) The facility must document in staff personnel records that the training and the demonstration of competency were successfully completed.
- (24) A private mental health institution shall report a death associated with the use of seclusion or restraint to the division in accordance with the following provisions:
- (A) The facility shall make a verbal report to the division within twenty-four (24) hours of the facility's knowledge of the occurrence of any of the following:
    - (i) Each death that occurs while a consumer is in restraint or seclusion.
    - (ii) Each death that occurs within twenty-four (24) hours after a consumer has been removed from restraint or seclusion.
    - (iii) Each death known to the facility that occurs within one (1) week after restraint or seclusion where it is reasonable to assume that use of restraint or placement in seclusion contributed directly or indirectly to a consumer's death. For purposes of this item, "reasonable to assume" includes, but is not limited to, deaths related to:
      - (AA) restrictions of movement for prolonged periods of time;
      - (BB) chest compression;
      - (CC) restriction of breathing; or
      - (DD) asphyxiation.
  - (B) In addition, a facility shall submit to the division a written report of any occurrence listed in clause (A) within ten (10) working days of the facility's knowledge of the occurrence.
- (25) Staff shall document in the consumer's medical record the date and time when a consumer's death was reported to the division.
- (26) A facility shall comply with all requirements of federal laws regarding the:
- (A) use of restraint or seclusion; and
  - (B) simultaneous use of restraint and seclusion.

*(Division of Mental Health and Addiction; 440 IAC 1.5-3-13; filed Aug 11, 2008, 3:40 p.m.: [20080910-IR-440070875FRA](#); readopted filed Nov 5, 2008, 3:50 p.m.: [20081119-IR-440080742RFA](#); readopted filed Aug 11, 2014, 11:21 a.m.: [20140910-IR-440140240RFA](#); readopted filed Nov 9, 2020, 3:09 p.m.: [20201209-IR-440200502RFA](#))*

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