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TITLE 440 DIVISION OF MENTAL HEALTH

LSA Document #99-268(F)

DIGEST

Adds 440 IAC 8 to describe the categories of individuals served by managed care providers of services funded by the division of mental health and by community mental health centers certified by the division of mental health. Adds 440 IAC 9 to establish standards and requirements for community mental health centers and certified managed care providers regarding 24 hour crisis intervention services and individualized treatment planning to increase patient coping skills and symptom management as part of the required continuum of care for persons needing addiction services, persons with serious mental illness, or children with serious emotional disorders. Effective 30 days after filing with the secretary of state.

440 IAC 8

440 IAC 9

SECTION 1. 440 IAC 8 IS ADDED TO READ AS FOLLOWS:

ARTICLE 8. POPULATIONS TO BE SERVED BY MANAGED CARE PROVIDERS FUNDED BY THE DIVISION OF MENTAL HEALTH AND TO BE SERVED BY COMMUNITY MENTAL HEALTH CENTERS

Rule 1. Definitions

440 IAC 8-1-1 Applicability

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2

Sec. 1. The definitions in this rule apply throughout this article. (*Division of Mental Health; 440 IAC 8-1-1; filed Sep 8, 2000, 10:12 a.m.: 24 IR 370*)

440 IAC 8-1-2 “Certification” defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2

Sec. 2. “Certification” means the process used by the division to document a provider’s compliance with the statutory and regulatory requirements for contracting with the division as a managed care provider or community mental health center, including issuance of a certificate if the provider is found to comply with the applicable requirements in this article. (*Division of Mental Health; 440 IAC 8-1-2; filed Sep 8, 2000, 10:12 a.m.: 24 IR 370*)

440 IAC 8-1-3 “Community mental health center” or “CMHC” defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2

Sec. 3. “Community mental health center” or “CMHC” means a mental health facility that the division has certified as fulfilling the statutory and regulatory requirements to be a community mental health center. (*Division of Mental Health; 440 IAC 8-1-3; filed Sep 8, 2000, 10:12 a.m.: 24 IR 370*)

440 IAC 8-1-4 “Continuum of care” defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2

Sec. 4. “Continuum of care” means a range of services the provision of which is assured by a managed care provider or a CMHC. The term includes the following:

- (1) Individualized treatment planning to increase patient coping skills and symptom management, which may include any combination of services listed in this section.**
- (2) Twenty-four (24) hour a day crisis intervention.**
- (3) Case management to fulfill individual patient needs, including assertive case management when indicated.**
- (4) Outpatient services, including the following:**
 - (A) Intensive outpatient services.**
 - (B) Substance abuse services.**
 - (C) Counseling and treatment.**
- (5) Acute stabilization services, including detoxification services.**
- (6) Residential services.**
- (7) Day treatment.**
- (8) Family support services.**
- (9) Medication evaluation and monitoring.**
- (10) Services to prevent unnecessary and inappropriate treatment and hospitalization and the deprivation of a person’s liberty.**
- (11) In addition to this section, the continuum of care for a compulsive gambling addiction includes the following:**
 - (A) Inpatient services.**
 - (B) Intensive outpatient services.**
 - (C) Referral to and linkage with gambling self-help groups.**
 - (D) Financial management counseling.**

(Division of Mental Health; 440 IAC 8-1-4; filed Sep 8, 2000, 10:12 a.m.: 24 IR 370)

440 IAC 8-1-5 “Division” defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2

Sec. 5. “Division” means the division of mental health. *(Division of Mental Health; 440 IAC 8-1-5; filed Sep 8, 2000, 10:12 a.m.: 24 IR 370)*

440 IAC 8-1-6 “Eligible individual” defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2

Sec. 6. “Eligible individual” means a person who qualifies under financial and clinical criteria for services under a contract between the division and a managed care provider. *(Division of Mental Health; 440 IAC 8-1-6; filed Sep 8, 2000, 10:12 a.m.: 24 IR 370)*

440 IAC 8-1-7 “Eligible, nonenrolled individual” defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2

Sec. 7. “Eligible, nonenrolled individual” means a person who is eligible to receive services, but for whom no funding is available under the contract between the division and a managed care provider. *(Division of Mental Health; 440 IAC 8-1-7; filed Sep 8, 2000, 10:12 a.m.: 24 IR 370)*

440 IAC 8-1-8 “Enrolled individual” defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2

Sec. 8. “Enrolled individual” means a person who is eligible for services and for whom funding is available to pay for those services under a contract between the division and a managed care provider. *(Division of Mental Health; 440 IAC 8-1-8; filed Sep 8, 2000, 10:12 a.m.: 24 IR 370)*

440 IAC 8-1-9 “Managed care provider” defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-21-2-7; IC 23-17

Sec. 9. “Managed care provider” means an organization:

(1) that:

(A) for mental health services, is defined under 42 U.S.C. 300x-2(c); or

(B) provides addiction services;

(2) that has entered into a provider agreement with the division under IC 12-21-2-7 to provide a continuum of care in the least restrictive, most appropriate setting; and

(3) that is operated by at least one (1) of the following:

(A) A city, town, county, or other political subdivision of Indiana.

(B) An agency of Indiana or of the United States.

(C) A political subdivision of another state.

(D) A hospital owned or operated by:

(i) a unit of government; or

(ii) a building authority that is organized for the purpose of constructing facilities to be leased to units of government.

(E) A corporation incorporated under IC 23-7-1.1 (before its repeal August 1, 1991) or IC 23-17.

(F) A nonprofit corporation incorporated in another state.

(G) A university or college.

(Division of Mental Health; 440 IAC 8-1-9; filed Sep 8, 2000, 10:12 a.m.: 24 IR 371)

Rule 2. Application of Rule

440 IAC 8-2-1 Applicability

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2-40.6

Sec. 1. (a) This rule applies to all managed care providers and community mental health centers certified by the division.

(b) The division must determine whether a managed care provider is eligible to serve a population described in this rule to be funded to provide services to that population.

(c) If a managed care provider is awarded a contract, the managed care provider must provide services from the continuum of care as clinically appropriate to all enrolled individuals within the specific population.

(d) A managed care provider must also provide services to eligible, nonenrolled individuals within that population, within the limits of the resources of the managed care provider.

(e) Community mental health centers must provide the continuum of care as set forth at IC 12-7-2-40.6 to the following populations, without regard to the individual’s ability to pay, within the limits of the capacity of the centers, to be certified as a community mental health center:

(1) Seriously mentally ill adults.

(2) Individuals who are chronically addicted.

(3) Seriously emotionally disturbed children and adolescents.

(Division of Mental Health; 440 IAC 8-2-1; filed Sep 8, 2000, 10:12 a.m.: 24 IR 371)

440 IAC 8-2-2 Seriously mentally ill adults

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2-40.6

Sec. 2. An adult who is seriously mentally ill is an individual who meets the following requirements:

(1) The individual is eighteen (18) years of age or older.

(2) The individual has a mental illness diagnosis under the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, published by the American Psychiatric Association (DSM IV).

(3) The individual experiences significant functional impairment in two (2) of the following areas:

- (A) Activities of daily living.**
- (B) Interpersonal functioning.**
- (C) Concentration, persistence, and pace.**
- (D) Adaptation to change.**

(4) The duration of the mental illness has been, or is expected to be, in excess of twelve (12) months. However, adults who have experienced a situational trauma do not have to meet the duration requirement.

(Division of Mental Health; 440 IAC 8-2-2; filed Sep 8, 2000, 10:12 a.m.: 24 IR 371)

440 IAC 8-2-3 Individuals who are chronically addicted

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2-40.6; IC 12-23-1-6

Sec. 3. An individual who is chronically addicted is an individual who meets the following requirements:

(1) The individual may be any age.

(2) The individual has a disorder listed as a substance-related disorder in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, published by the American Psychiatric Association (DSM IV).

(3) The individual experiences significant functional impairments in two (2) of the following areas:

- (A) Activities of daily living.**
- (B) Interpersonal functioning.**
- (C) Ability to live without recurrent use of chemicals.**
- (D) Psychological functioning.**

(4) The duration of the addiction has been in excess of twelve (12) months. However, individuals who have experienced amnesiac episodes (blackouts), or have experienced convulsions or other serious medical consequences of withdrawal from a chemical of abuse, or who display significant dangerousness as a result of chemical use, do not have to meet the duration requirement.

(Division of Mental Health; 440 IAC 8-2-3; filed Sep 8, 2000, 10:12 a.m.: 24 IR 371)

440 IAC 8-2-4 Seriously emotionally disturbed children

Authority: IC 12-21-2-8; IC 12-21-5-1.5; IC 12-22-3-4

Affected: IC 12-7-2-40.6; IC 12-21-5-2

Sec. 4. An individual who is a seriously emotionally disturbed child is an individual who meets the following requirements:

(1) The individual is less than eighteen (18) years of age.

(2) The individual has a mental illness diagnosis under Diagnostic and Statistical Manual of Mental Disorders, 4th edition, published by the American Psychiatric Association (DSM IV).

(3) The individual experiences significant functional impairment in at least one (1) of the following areas:

- (A) Activities of daily living.**
- (B) Interpersonal functioning.**
- (C) Concentration, persistence, and pace.**
- (D) Adaptation to change.**

(4) The duration of the mental illness has been, or is expected to be, in excess of twelve (12) months. However, individuals who have experienced a situational trauma, and who are receiving services in two (2) or more community agencies, do not have to meet the duration requirement.

(Division of Mental Health; 440 IAC 8-2-4; filed Sep 8, 2000, 10:12 a.m.: 24 IR 372)

440 IAC 8-2-5 Compulsive gambling addiction

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2-40.6; IC 12-23-1-6

Sec. 5. An individual with a compulsive gambling addiction is a person who meets the following requirements:

(1) The individual is any age.

(2) The individual meets the criteria for Axis-1 diagnosis of pathological gambling under Diagnostic and Statistical Manual of Mental Disorders, 4th edition, published by the American Psychiatric Association (DSM IV), Diagnosis 312.31, Pathological Gambling.

(3) The individual continues gambling behavior in spite of repetitive harmful consequences.
(Division of Mental Health; 440 IAC 8-2-5; filed Sep 8, 2000, 10:12 a.m.: 24 IR 372)

SECTION 2. 440 IAC 9 IS ADDED TO READ AS FOLLOWS:

ARTICLE 9. MINIMUM STANDARDS FOR THE PROVISION OF SERVICES BY COMMUNITY MENTAL HEALTH CENTERS AND MANAGED CARE PROVIDERS

Rule 1. Definitions

440 IAC 9-1-1 Applicability

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-24-19-4

Sec. 1. The definitions in this rule apply throughout this article. *(Division of Mental Health; 440 IAC 9-1-1; filed Sep 8, 2000, 10:12 a.m.: 24 IR 372)*

440 IAC 9-1-2 “Addiction services” defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-24-19-4

Sec. 2. “Addiction services” means a structured program designed for the treatment, care, or rehabilitation of individuals who abuse alcohol or drugs. *(Division of Mental Health; 440 IAC 9-1-2; filed Sep 8, 2000, 10:12 a.m.: 24 IR 372)*

440 IAC 9-1-3 “Clinician” defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-24-19-4

Sec. 3. “Clinician” means any individual who is qualified to provide counseling, therapy, case management, or like services. *(Division of Mental Health; 440 IAC 9-1-3; filed Sep 8, 2000, 10:12 a.m.: 24 IR 372)*

440 IAC 9-1-4 “Community mental health center” or “CMHC” defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-24-19-4

Sec. 4. “Community mental health center” or “CMHC” means a mental health facility that the division has certified as fulfilling the statutory and regulatory requirements to be a community mental health center. *(Division of Mental Health; 440 IAC 9-1-4; filed Sep 8, 2000, 10:12 a.m.: 24 IR 372)*

440 IAC 9-1-5 “Consumer” defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-24-19-4

Sec. 5. “Consumer” means an individual who has received or is receiving mental health or addiction services. *(Division of Mental Health; 440 IAC 9-1-5; filed Sep 8, 2000, 10:12 a.m.: 24 IR 372)*

440 IAC 9-1-6 “Continuum of care” defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-24-19-4

Sec. 6. “Continuum of care” means a range of services the provision of which is assured by a managed care provider. The term includes the following:

(1) Individualized treatment planning to increase patient coping skills and symptom management, which may include any combination of services listed in this section.

(2) Twenty-four (24) hour a day crisis intervention.

- (3) Case management to fulfill individual patient needs, including assertive case management when indicated.**
- (4) Outpatient services, including the following:**
 - (A) Intensive outpatient services.**
 - (B) Substance abuse services.**
 - (C) Counseling and treatment.**
- (5) Acute stabilization services, including detoxification services.**
- (6) Residential services.**
- (7) Day treatment.**
- (8) Family support services.**
- (9) Medication evaluation and monitoring.**
- (10) Services to prevent unnecessary and inappropriate treatment and hospitalization and the deprivation of a person's liberty.**

(Division of Mental Health; 440 IAC 9-1-6; filed Sep 8, 2000, 10:12 a.m.: 24 IR 372)

440 IAC 9-1-7 "Division" defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-24-19-4

Sec. 7. "Division" means the division of mental health. *(Division of Mental Health; 440 IAC 9-1-7; filed Sep 8, 2000, 10:12 a.m.: 24 IR 373)*

440 IAC 9-1-8 "Gatekeeper" defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-24-12-10; IC 12-24-19-4

Sec. 8. "Gatekeeper" means an entity identified in IC 12-24-12-10 that is actively involved in the evaluation and planning of and treatment for a committed individual beginning after the commitment through the planning of the individual's transition back into the community. *(Division of Mental Health; 440 IAC 9-1-8; filed Sep 8, 2000, 10:12 a.m.: 24 IR 373)*

440 IAC 9-1-9 "Managed care provider" defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-21-2-7; IC 12-24-19-4; IC 23-17

Sec. 9. "Managed care provider" means an organization:

(1) that:

(A) for mental health services, is defined under 42 U.S.C. 300x-2(c); or

(B) provides addiction services;

(2) that has entered into a provider agreement with the division under IC 12-21-2-7 to provide a continuum of care in the least restrictive, most appropriate setting; and

(3) that is operated by at least one (1) of the following:

(A) A city, town, county, or other political subdivision of Indiana.

(B) An agency of Indiana or of the United States.

(C) A political subdivision of another state.

(D) A hospital owned or operated by:

(i) a unit of government; or

(ii) a building authority that is organized for the purpose of constructing facilities to be leased to units of government.

(E) A corporation incorporated under IC 23-7-1.1 (before its repeal August 1, 1991) or IC 23-17.

(F) A nonprofit corporation incorporated in another state.

(G) A university or college.

(Division of Mental Health; 440 IAC 9-1-9; filed Sep 8, 2000, 10:12 a.m.: 24 IR 373)

440 IAC 9-1-10 "Primary service area" defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-24-19-4

Sec. 10. “Primary service area” means the area in which the managed care provider or community mental health center serves clients and which has been designated by agreement between the managed care provider or community mental health center and the division. (Division of Mental Health; 440 IAC 9-1-10; filed Sep 8, 2000, 10:12 a.m.: 24 IR 373)

440 IAC 9-1-11 “Stakeholders” defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-24-19-4

Sec. 11. “Stakeholders” means those individuals and agencies who have an interest in mental health and addiction services being provided in the community, including consumers and their families. (Division of Mental Health; 440 IAC 9-1-11; filed Sep 8, 2000, 10:12 a.m.: 24 IR 373)

440 IAC 9-1-12 “Subcontractor” defined

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-24-19-4

Sec. 12. “Subcontractor” means:

(1) an entity or individual with whom the managed care provider or community mental health center directly contracts; or

(2) another entity or individual with whom the managed care provider or community mental health center’s subcontractor contracts;

to provide financial services, administrative services, or one (1) or more services as a part of the continuum of care. (Division of Mental Health; 440 IAC 9-1-12; filed Sep 8, 2000, 10:12 a.m.: 24 IR 373)

Rule 2. Standards of Practice for the Continuum of Care

440 IAC 9-2-1 Application

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-24-12-10; IC 12-24-19-4

Sec. 1. (a) This rule applies to all community mental health centers and managed care providers certified by the division.

(b) If a managed care provider or a community mental health center fails to meet the standards of practice set out in this rule, the division may:

(1) change the managed care provider’s certification to conditional certification;

(2) terminate the managed care provider’s certification; or

(3) terminate the community mental health center’s certification.

(Division of Mental Health; 440 IAC 9-2-1; filed Sep 8, 2000, 10:12 a.m.: 24 IR 374)

440 IAC 9-2-2 Twenty-four hour crisis intervention

Authority: IC 12-21-2-8; IC 12-21-5-1.5

Affected: IC 12-7-2; IC 12-24-19-4

Sec. 2. (a) Managed care providers and community mental health centers shall provide twenty-four (24) hour crisis intervention according to the standards set out in this section. Managed care providers and community mental health centers shall ensure that their subcontractors who provide crisis intervention services also meet the same standards.

(b) The service provider shall provide and promote a crisis telephone number that can be reached without charge by individuals throughout the primary service area as follows:

(1) Provide an identified crisis services number by either toll free or local call to all areas within the primary service area.

(2) Provide telephone book listings, advertisements, flyers, and other information pieces that specify access to crisis services telephone numbers across the primary service area, including the statewide crisis services number for TTY users, if the service provider does not have a TTY crisis telephone number of its own.

(3) Ensure that stakeholders, gatekeepers, and referral sources know there is a crisis services telephone number.

(c) The crisis number shall be answered by an individual trained to recognize emergencies and refer calls to the appropriate clinician or program.

(1) The crisis telephone number shall not be answered by an answering machine.

(2) The service provider shall document appropriate training for all individuals who answer the crisis telephone number.

(d) It is recognized that not all calls that are made to the crisis telephone number are actually emergencies. When a determination is made by the individual answering the crisis telephone number that it is necessary for a clinician to be involved, a trained clinician shall be available to reach the consumer by telephone within fifteen (15) minutes. The following requirements shall be evidence of clinician availability and training:

(1) Trained clinicians shall be available twenty-four (24) hours per day, either on-call or on site.

(2) The available clinicians shall receive training in crisis intervention.

(3) Call logs shall be kept, indicating the following:

(A) The time that a decision to reach a clinician is made.

(B) The time that the clinician reaches the consumer.

(C) The number of minutes between clauses (A) and (B).

(4) Except in rare and unusual circumstances, a trained clinician shall reach the consumer, by telephone, within fifteen (15) minutes. Reasonable efforts made to reach the consumer within fifteen (15) minutes and reasons for the clinician's failure to reach consumer on the telephone within fifteen (15) minutes shall be documented.

(e) When the assessment indicates that a face-to-face meeting between the clinician and the consumer is necessary, an accessible safe place shall be available for the meeting, as follows:

(1) Each safe place shall be within sixty (60) minutes driving distance of any part of the community mental health center or managed care provider's primary service area.

(2) Each safe place shall have an office or clinic setting and provide a sense of security and privacy.

(3) Consumers in crisis must be able to reach the safe place. A transportation plan shall be available documenting how consumers without their own mode of transportation will be able to get to a safe place.

(f) The twenty-four (24) hour crisis service shall participate in a quality assurance/quality improvement system that includes a review of individual cases and identification and resolution of systemic issues as follows:

(1) Each crisis case shall be reviewed at a supervisory or management level for appropriateness of disposition.

(2) Systemic issues regarding types, timing, and location of crises shall be monitored for risk management implications.

(Division of Mental Health; 440 IAC 9-2-2; filed Sep 8, 2000, 10:12 a.m.: 24 IR 374)

440 IAC 9-2-3 Individualized treatment planning to increase patient coping skills and symptom management

Authority: IC 12-21-2-9; IC 12-21-5-1.5

Affected: IC 12-7-2-40.6; IC 12-24-19-4

Sec. 3. (a) Managed care providers and community mental health centers shall provide individualized treatment planning according to the standards set out in this section. Managed care providers and community mental health centers shall ensure that their subcontractors who provide individualized treatment planning also meet the same standards.

(b) Treatment plans shall be designed around individual consumers. The goals and services reflected in a sample of treatment plans must be sufficiently different to indicate individualized service planning.

(c) Consumers shall be involved in the treatment planning process.

(1) If a consumer chooses not to participate in the treatment planning process, it shall be documented in the clinical record.

(2) Consumers shall participate in the development and review of their own treatment plans, indicated by the consumer's signature on the treatment planning document.

(d) There shall be a single coordinated service plan maintained for each consumer in service, across all services within the continuum of care.

(1) A single individual must be responsible for coordinating and negotiating the plan with the consumer.

(2) The agency must have policies that reflect the maintenance of a single coordinated service plan for each consumer and the appointment of an individual clinician per consumer who coordinates all aspects of the service plan.

(Division of Mental Health; 440 IAC 9-2-3; filed Sep 8, 2000, 10:12 a.m.: 24 IR 374)

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