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

*NOTE: Under P.L.215-2001, SECTION 54, the name of the Division of Mental Health is changed to Division of Mental Health and Addiction, effective July 1, 2001.*

LSA Document #01-53(F)

**DIGEST**

Adds 440 IAC 9-2-4, 440 IAC 9-2-5, and 440 IAC 9-2-6 to establish standards and requirements for community mental health centers and certified managed care providers regarding acute stabilization, day treatment, and services to prevent unnecessary and inappropriate treatment and hospitalization and the deprivation of a person's liberty 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 9-2-4**

**440 IAC 9-2-5**

**440 IAC 9-2-6**

SECTION 1. 440 IAC 9-2, AS ADDED AT 24 IR 372, SECTION 2, IS AMENDED BY ADDING A NEW SECTION TO READ AS FOLLOWS:

**440 IAC 9-2-4 Acute stabilization**

**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. 4. (a) Managed care providers and community mental health centers shall provide acute stabilization according to the standards set out in this section. Managed care providers and community mental health centers shall ensure that their subcontractors who provide acute stabilization services also meet the same standards.**

**(b) Acute stabilization can take place in a variety of settings, as appropriate. Acute stabilization services are those activities which accomplish rapid intervention and management of psychological and social distress of persons in crisis. A person in crisis is a person whose condition is threatening to their physical well being or that of others.**

**(c) Inpatient care in a licensed general or private mental health institution is a necessary part of acute stabilization for all populations.**

**(1) All managed care providers and community mental health centers shall either operate or contract with a licensed general or psychiatric hospital to provide inpatient care.**

**(2) The staff of the managed care provider or community mental health center shall be involved in the planning of treatment for and the discharge of the consumer during the time the consumer is in inpatient care, to maintain continuity of care.**

**(3) The managed care provider or community mental health center shall assure that the consumer is able to obtain psychiatric inpatient care without regard to the ability to pay.**

**(d) All managed care providers for addictions treatment services and all community mental health centers shall have detoxification services available for individuals who are chronically addicted.**

**(1) Detoxification services are those activities provided for a person during withdrawal from alcohol and other**

drugs, under the supervision of a physician or clinical nurse specialist.

(2) All managed care providers for addictions treatment services and all community mental health centers shall either operate or contract with a provider of detoxification services.

(3) Detoxification services shall be included within the array of services and shall be available twenty-four (24) hours per day, seven (7) days per week.

(4) The staff of the managed care provider or community mental health center shall be involved in the treatment of the consumer during the time the consumer is in detoxification services to maintain continuity of care.

(e) All managed care providers and community mental health centers shall have a physician licensed in Indiana available for consultation to staff twenty-four (24) hours per day, seven (7) days per week.

(f) In addition to inpatient or detoxification, all managed care providers and all community mental health centers shall have the ability to provide crisis services in other appropriate settings.

(1) Crisis services must be protective and supportive, while being in as natural an environment as possible.

(2) When a consumer is in crisis, staff must be on site.

*(Division of Mental Health and Addiction; 440 IAC 9-2-4; filed Nov 30, 2001, 10:58 a.m.: 25 IR 1138)*

SECTION 2. 440 IAC 9-2, AS ADDED AT 24 IR 372, SECTION 2, IS AMENDED BY ADDING A NEW SECTION TO READ AS FOLLOWS:

#### **440 IAC 9-2-5 Day treatment for adults**

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. 5. (a) Managed care providers and community mental health centers shall provide or arrange for the provision of day treatment according to the standards set out in this section. Managed care providers and community mental health centers shall ensure that their subcontractors who provide day treatment services also meet the same standards.

(b) Day treatment services provide a distinct and organized treatment program that offers less than twenty-four (24) hour daily care and furnishes a well defined, structured program of activities during the day, evening, or weekend for a specific consumer population, seriously mentally ill adults, and individuals who abuse substances.

(c) Day treatment shall be provided to individual consumers, as appropriate, according to the individual treatment plan, which is required to be developed for each consumer at section 3 of this rule:

(1) Clinical records shall reflect individualized schedules for participants.

(2) Schedules shall be individualized based upon a written care plan, based on an individualized assessment of needs.

(d) A day treatment program shall be based on a written, cohesive, and clearly stated philosophy and treatment orientation and must include the following items:

(1) For each population served, there must be a written statement of philosophy that is based on literature, research, and proven practice models for that population.

(2) The services must be consumer centered.

(3) The philosophy shall explicitly state a consideration of client preferences and informed choices.

(4) The stated philosophy shall be carried out in practice.

(e) The managed care provider or community mental health center shall provide, as a part of a day treatment program, or in other parts of the continuum, the following program units as a minimum:

(1) Treatment groups.

(2) Vocational services, which include a range of activities designed to assist an individual to realize the individual's fullest vocational potential by utilizing such activities as supported employment, vocational rehabilitation, job skills training, volunteer work, or clubhouse.

(3) Training for the consumer in self-management, including psycho-education and training in disease

management.

- (4) Training in activities of daily living.
- (5) Community interaction programs.

(f) Day treatment programs shall provide programming at distinguishable levels of intensity. Intensity is a measure of the structure, pace of activity, and supervision or clinical intervention in a program.

(g) A day treatment program shall have the following as evidence of ongoing programming:

- (1) Schedules of ongoing programming.
- (2) Evidence of normal activities outside the facility in community settings.
- (3) Service records or other evidence that individuals receive services of different intensity, according to their individual treatment plan.

*(Division of Mental Health and Addiction; 440 IAC 9-2-5; filed Nov 30, 2001, 10:58 a.m.: 25 IR 1138)*

SECTION 3. 440 IAC 9-2, AS ADDED AT 24 IR 372, SECTION 2, IS AMENDED BY ADDING A NEW SECTION TO READ AS FOLLOWS:

**440 IAC 9-2-6 Services to prevent unnecessary and inappropriate treatment and hospitalization and the deprivation of a person's liberty**

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; IC 12-26

Sec. 6. (a) Services to prevent unnecessary and inappropriate deprivation of a person's liberty include the following:

- (1) Review of commitments and gatekeeping into and out of state-operated institutions.
- (2) The range of community support program services and crisis service alternatives.
- (3) Those administrative and supervisory functions that manage the care provided to make certain that each consumer receives appropriate care.

(b) A utilization management plan, which provides objective guidance that helps direct treatment, external to the clinician/consumer relationship, must be in place and include the following:

- (1) The plan shall be an existing system that defines criteria for initiating a course of treatment, transition, and discharge.
- (2) The plan shall be objective, documented, and external to individual clinicians.
- (3) The plan shall cite published literature and research on which the system is based.
- (4) Utilization management may consist of any of the following:
  - (A) Prior authorization manuals or systems.
  - (B) Evidence based treatment systems.
  - (C) Clinical pathways.
  - (D) American Society of Addiction Medicine criteria.
  - (E) Another system of linking need to care.
- (5) A provider may contract for utilization management services.

(c) In addition to regular peer review, supervisor review, and treatment plan reviews, the provider shall have an ongoing process to evaluate the utilization of services.

(d) The utilization of services review shall include the following:

- (1) The percentage of cases evaluated for each modality of treatment.
- (2) The ongoing system of treatment evaluation.
- (3) Samples of reports from the previous year's treatment review.

(e) The provider shall train staff on the use of the utilization management system and keep records regarding the training. *(Division of Mental Health and Addiction; 440 IAC 9-2-6; filed Nov 30, 2001, 10:58 a.m.: 25 IR 1139)*

*LSA Document #01-53(F)*

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