

Document: Final Rule, **Register Page Number:** 26 IR 1939

Source: March 1, 2003, Indiana Register, Volume 26, Number 6

Disclaimer: This document was created from the files used to produce the official CD-ROM Indiana Register . However, this document is unofficial.

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

LSA Document #02-106(F)

DIGEST

Adds 440 IAC 9-2-10, 440 IAC 9-2-11, and 440 IAC 9-2-12 to establish standards and requirements for community mental health centers and certified managed care providers regarding case management, outpatient services, and medication evaluation and monitoring 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 9-2-10

440 IAC 9-2-11

440 IAC 9-2-12

SECTION 1. 440 IAC 9-2-10 IS ADDED TO READ AS FOLLOWS:

440 IAC 9-2-10 Case management

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

(b) Case management services are goal oriented activities that assist consumers by locating, coordinating, and monitoring necessary care and services that are appropriate and accessible to the individual and family.

(c) Case management services shall be based on the abilities, needs, resources, and desires of each consumer, as documented in the individualized treatment plan as follows:

(1) Individualized treatment plans reflect periodic assessment and level of case management and other mental health services appropriate for the consumer based on current level of functioning and history.

(2) The level of case management depends on the functioning level of the consumer, the consumer's preferences, and response to treatment as documented in the individualized treatment plan and clinical notes.

(d) Case management services are provided by staff members who have demonstrated competency in cultural and ethnic issues and in the specific services they are providing.

(e) Supportive and intensive case management services shall be available in all primary service areas served by a managed care provider or community mental health center. Services are delivered in the least restrictive, most natural environment that is appropriate for the individual's needs as follows:

(1) Delivery of different levels of intensity of case management services to individual consumers shall be evidenced in all geographic areas served by the provider.

(2) Supportive case management coordinates services and facilitates the delivery of services. Supportive case management includes the following services:

(A) Service delivery facilitation includes helping individuals make and keep appointments, accompanying individuals to appointments as needed, arranging mental health, addiction, medical, and rehabilitation services.

(B) Advocacy and referral includes helping individuals access entitlement and other services, for example, Medicaid,

housing, food stamps, educational services, recovery groups, and vocational services.

(C) Assistance in the use of financial resources.

(D) Monitoring and coordination of care includes monitoring and coordination of care with other involved systems, such as the court system, medical care, schools, or the local office of the division of family and children.

(3) Intensive case management assists consumers with persistent mental illness, chronic addiction, or seriously emotionally disturbed children and families who have a need for more frequent or more intensive services, or both, including persons who have not been successfully engaged in outpatient services. Programs have appropriate client-staff ratios that meet the individual needs of the consumers. Services are not time limited. Intensive case management includes the assurance that the following services are provided:

(A) Outreach to engage clients.

(B) Provision of crisis intervention and stabilization.

(C) Assisting individuals through ongoing support.

(D) Training and assistance in use of community resources.

(E) Training in activities of daily living and coping skills, such as self-care and daily life management, or problem-solving skills, and direction toward eliminating psychosocial barriers. These skills are developed through structured interventions for the attainment of goals identified in the individualized treatment plan.

(F) Assisting in developing community and family supports.

(G) For seriously emotionally disturbed children, training parents to cope more effectively with their child's behavior.

(H) With the consent of the consumer, training the family to cope more effectively with an adult consumer's illness.

(I) Medication education and monitoring.

(f) Additional case management requirements for specific populations are as follows:

(1) Adults with serious mental illness as follows:

(A) Intensive case management shall be provided for adults with severe and persistent mental illness who have a need for more frequent or intensive services, including persons who have not been engaged successfully in treatment services. Eligible recipients shall include individuals with a diagnosable mental illness that impairs functions in two (2) or more life domains, such as self-care, social functioning, activities of daily living, economic self-sufficiency, self-direction, and concentration.

(B) Eligible subpopulations include heavy users of crisis and inpatient services, homeless individuals who are mentally ill, mentally ill substance abusers, forensic consumers, and persons with combined mental illness and developmental disabilities.

(2) Seriously emotionally disturbed or chemically dependent children, or both, as follows:

(A) Case management services shall be provided by staff who have demonstrated competency in child development, serious emotional disturbances and behavioral disorders, parenting-behavioral management, and the specific services they are providing.

(B) Case management shall be provided for children and their families with multiple needs, which have not been successfully resolved in traditional outpatient treatment services.

(C) Eligible recipients include children with diagnosable mental illnesses or chemical addictions that impair functions in one (1) or more life domains, such as life skills, school level of functioning, social functioning, and supports (family, school, and community). Eligible subpopulations include heavy users of crisis and inpatient services, children at-risk for out-of-home placement, children with combined mental illness and developmental disabilities, and seriously emotionally disturbed youth transitioning to adulthood.

(3) For adults who are chemically addicted, supportive and intensive case management services shall be available during the treatment episode. Services may include ongoing case management services following active treatment, and the case manager shall be involved in the development of an aftercare/relapse prevention plan.

(Division of Mental Health and Addiction; 440 IAC 9-2-10; filed Jan 2, 2003, 10:12 a.m.: 26 IR 1940)

SECTION 2. 440 IAC 9-2-11 IS ADDED TO READ AS FOLLOWS:

440 IAC 9-2-11 Outpatient services

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

Affected: IC 12-7-2; IC 12-23-12-1; IC 12-24-12-10; IC 12-24-19-4; 42 CFR 2

Sec. 11. (a) Managed care providers and community mental health centers shall provide or arrange for the provision of

outpatient services according to the standards set out in this section. Managed care providers and community mental health centers shall ensure that their subcontractors who provide outpatient services also meet the same standards.

(b) Outpatient services include assessment and treatment (counseling and intensive outpatient services). These services provide a comprehensive, coordinated, and structured set of therapeutic interactions that may vary in the level of intensity, according to the level of functioning and treatment needs of the consumer.

(c) Each agency shall ensure accessibility of outpatient services. The agency shall have the following, at a minimum:

(1) Established office hours, including evening hours or weekend hours, or both.

(2) Outpatient services available within an hour's travel time throughout the agency's primary service area.

(3) Linkages to the other components of the continuum of care, including the following:

(A) Crisis intervention.

(B) Individualized treatment planning.

(C) Medication evaluation and monitoring.

(D) Case management.

(E) Day treatment.

(F) Acute stabilization.

(G) Residential services.

(H) Family support services.

(I) Services to prevent unnecessary and inappropriate treatment and hospitalization, including utilization review.

(d) Each agency shall develop a process to ensure appropriate access, consonant with each consumer's needs, to intake/screening and comprehensive assessment, leading to the development of the individualized treatment plan with the consumer, and appropriate treatment.

(e) Assessment and treatment services for seriously emotionally disturbed children shall include the family, foster family, or legal guardian in the assessment and treatment process.

(f) Assessment and treatment services for addicted children shall only include the family, foster family, or legal guardian in the assessment and treatment process if the minor consents to the notification and participation in accordance with IC 12-23-12-1 and 42 CFR 2.

(g) The type and intensity of services provided to an adult consumer shall be based upon the clinical judgment of competent staff and the consumer's preference of services and clinician.

(h) The agency shall set standards for clinicians providing outpatient assessment and treatment services that include required levels of training, experience, competencies, and clinical supervision.

(i) Outpatient treatment services shall consist of a combination of individual, group, and family therapeutic interventions that promote the achievement of the individual's treatment plan.

(j) Outpatient treatment services shall refer consumers with health or legal issues to appropriate medical or legal resources and assist to coordinate this care when appropriate.

(k) Outpatient addiction assessment shall include screening for co-occurring mental health problems and gambling disorders. If the assessment indicates that there is a co-occurring disorder, the agency shall provide appropriate treatment or referral for the consumer.

(l) Outpatient assessment for seriously mentally ill adults and seriously emotionally disturbed children shall include screening for co-occurring substance abuse and gambling disorders. If the assessment indicates that there is a co-occurring disorder, the agency shall provide appropriate treatment or referral for the consumer.

(m) Intensive outpatient addiction treatment is a milieu of treatment with a combination of counseling and education activities consisting of sessions at least two (2) hours, three (3) days a week for a minimum of four (4) weeks.

(n) Intensive outpatient addiction treatment shall include a relapse prevention plan appropriate to the needs and preferences of the consumer. This plan may include aftercare treatment or case management. (Division of Mental Health and Addiction; 440 IAC 9-2-11; filed Jan 2, 2003, 10:12 a.m.: 26 IR 1941)

SECTION 3. 440 IAC 9-2-12 IS ADDED TO READ AS FOLLOWS:

440 IAC 9-2-12 Medication evaluation and monitoring

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

(b) Medication evaluation and monitoring includes the following:

- (1) Assessment of the need for medication.**
- (2) Prescription of medications by staff with license to prescribe medications.**
- (3) Dispensing or administration of prescribed medications.**
- (4) Monitoring of medications by qualified direct care staff.**

(c) Goals of services, developed with the consumer, shall be directed toward maximizing consumer's functioning and reducing symptoms and side effects.

(d) Medication evaluation shall be planned and carried out by staff with license to prescribe medications.

(e) Medication evaluation assessments shall include the following:

- (1) A comprehensive mental health or behavioral assessment, or both.**
- (2) A physical health screen with referral for physical examination when clinically indicated.**
- (3) The review of all drugs used, their effects, side effects, and contraindications, including interactions with over-the-counter drugs and other substances.**
- (4) Consideration of consumer preferences as evidenced by documentation.**

(f) The agency shall provide education regarding prescribed medication, including the following:

- (1) Education of the consumer and, with the consumer's consent, the consumer's family or legal representative regarding the targeted symptoms, medications prescribed, possible side effects, and interactions with over-the-counter drugs and other substances.**
- (2) Education of other agency direct care staff regarding psychotropic medications, possible side effects, and interactions with over-the-counter drugs and other substances.**

(g) Each agency shall develop policies and procedures regarding the administration, dispensing, and monitoring of prescribed medications.

(h) Medication monitoring shall include the following:

- (1) Coordination with the primary health care provider based on the needs of the consumer.**
- (2) Observation, in the natural environment, of the consumer taking his or her medication if the need for compliance monitoring is indicated by the individual's level of functioning.**

(i) Medication monitoring shall be provided by qualified staff, which may include case managers with training and demonstrated competence.

(j) Each agency shall have a plan to assist indigent consumers to access psychotropic medications.

(k) Documentation of assessments, prescriptions, administration, dispensing, and monitoring of medications shall:

- (1) be legible and complete;**
- (2) identify target symptoms and measurable goals for medications;**
- (3) include notes reflecting progress toward goals; and**
- (4) note adverse reactions to medications.**

(Division of Mental Health and Addiction; 440 IAC 9-2-12; filed Jan 2, 2003, 10:12 a.m.: 26 IR 1942)

LSA Document #02-106(F)

Notice of Intent Published: 25 IR 2545

Proposed Rule Published: September 1, 2002; 25 IR 4201

Hearing Held: October 3, 2002

Approved by Attorney General: December 10, 2002

Approved by Governor: December 18, 2002

Filed with Secretary of State: January 2, 2003, 10:12 a.m.

Incorporated Documents Filed with Secretary of State: None