

DEPARTMENT OF MENTAL HEALTH
MENTAL ILLNESS COMMUNITY PROGRAMS
ADMINISTRATIVE CODE

CHAPTER 580-2-9
PROGRAM OPERATION

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~~580-2-9-.11 Adult In-Home Intervention~~

~~(1) The Program description is approved by the board as specified in 580-2-9-.08(10)(b) and is consistent with the provisions of this section. The program description must include all of the following components:~~

~~(a) A description of the nature and scope of the program that includes at a minimum the provision of services as specified in this section and as indicated by individual consumer need.~~

~~(b) A description of the geographic service area for the program.~~

~~(c) Admission criteria that includes at least the following:~~

~~1. Must meet criteria for Serious Mental Illness.~~

~~2. Must be 18 years of age or older and not otherwise meet the criteria for Transitional Age services.~~

~~3. Clearly documented need for more intensive outpatient support due to:~~

~~(i) An increase in symptoms,~~

~~(ii) or to transition from a more intensive level of service.~~

~~(iii) To defuse an immediate crisis situation.~~

~~(iv) To stabilize the living arrangement,~~

~~(v) and/or to prevent out of home placement,~~

~~(vi) or a history of failure to engage in other outpatient services.~~

~~(d) Discharge/transfer criteria and procedures shall be developed for discharge from the program under any one or combination of the following criteria:~~

~~1. The maximum benefits of the intensive in-home service have been reached.~~

~~2. The treatment plan goals have been met to the extent that the intensive in-home therapy services are no longer needed.~~

~~3. The consumer/family has not responded to repeated, documented follow-up by the IHI team during a 14-day period.~~

~~4. The IHI team is unable to meet obvious, suspected or expressed needs of the child consumer and/or their family system.~~

~~5. The consumer becomes otherwise unavailable for services during a 14-day period.~~

~~(e) Transfer or referral to a different program outside of IHI will occur when it is determined that the transfer will better meet the needs of the consumer. Transfer shall be considered under the following conditions:~~

~~1. The consumer is in need of more intensive services than the IHI team can provide.~~

~~2. The consumer is determined to be in need of less intensive services than those provided by the IHI team.~~

~~(f) Reflects the following characteristics and philosophy of Adult In-Home Intervention.~~

~~1. Home-based treatment is provided by a 2-person treatment team. Duration of treatment is determined on an individual basis as indicated on the treatment plan.~~

~~2. The team is the primary provider of services and is responsible for helping consumers in all aspects of community living.~~

~~3. The majority of services occur in the community and/or in places where consumers spend their time.~~

~~4. Services are highly individualized both among individual consumers and across time for each consumer.~~

~~5. Persistent, creative adaptation of services to be acceptable to consumers provided in a manner of unconditional support.~~

~~(2) There must be an assigned team that is identifiable by job title, job description, and job function. IHI shall be provided by a 2-member treatment team that is composed of one of the following options:~~

~~(a) Rehabilitation Professional Option One professional with a Master's Degree in a mental health related and one professional with a Bachelor's Degree in a human services field.~~

~~(b) Registered Nurse Option One registered nurse under Alabama Law; and one professional with a Bachelor's Degree in a human services field.~~

~~(c) In each staffing composition, both team members must complete case management training.~~

~~(3) The following key services must be delivered within the program when the team is composed of a master's level clinician and a case manager:~~

~~(a) Individual and Family Therapy.~~

~~(b) Crises Intervention.~~

~~(c) Mental Health Consultation.~~

~~(d) Basic Living Skills.~~

~~(e) Family Support.~~

~~(f) Case Management.~~

~~(g) Medication Monitoring.~~

~~(4) The following key services must be delivered within the program when the team is composed of a registered nurse and a case manager:~~

- ~~(a) Crisis Intervention.~~
- ~~(b) Mental Health Consultation.~~
- ~~(c) Basic Living Skills.~~
- ~~(d) Family Support.~~
- ~~(e) Case Management.~~
- ~~(f) Medication Monitoring.~~
- ~~(g) Medication Administration.~~

~~(5) The team must function in the following manner:~~

~~(a) Services should be provided primarily as a team with the team members working individually as dictated by consumer need.~~

~~(b) The hours of delivering the IHI services shall be flexible to accommodate the scheduling demands and unique issues of the target population (before 8:00 a.m. and after 5:00 p.m. as needed).~~

~~(c) Documentation should reflect that IHI cases are staffed by the team on a regular basis and that joint decisions are made regarding the frequency of consumer contact for team and individual staff services.~~

~~(d) The intensive nature of this service should be reflected in the average hours of direct service provided per person per week.~~

~~(e) The active caseload for a team shall not exceed 20 consumers.~~

~~(6) Consumers who are deaf or limited English proficient shall have effective communication access to these services provided by:~~

~~(a) Staff fluent in the consumer's preferred language, or~~

~~(b) A qualified interpreter.~~

~~(c) Staff working with consumers who are deaf shall have at least an Intermediate Plus level on the Sign Language Proficiency Interview.~~

Author: Division of Mental Illness, DMH

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: March 5, 2010; effective July 19, 2010.

Repealed: Filed February 17, 2023.