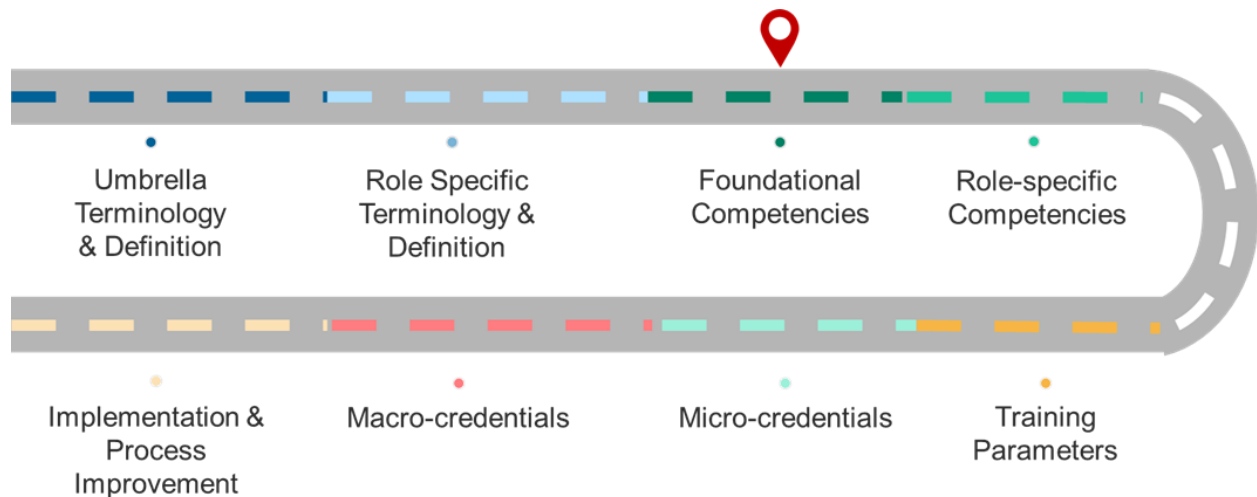


HOME AND COMMUNITY SUPPORT PROFESSIONALS: CORE COMPETENCIES

VISION STATEMENT

To meet Hoosiers' home and community-based services (HCBS) needs, Indiana's direct service workforce will be credentialed, demonstrating proficiency in core competencies with options to pursue professional development opportunities including specialized academic and on-the-job training. Direct service workers' credentials will be portable across HCBS settings and employment arrangements to ensure quality and reliable supports and services.

Roadmap to Meet the Vision:



OBJECTIVE

Workstream Objective. To establish high-quality, evidence-based, statewide minimum “core” training competencies.

BACKGROUND

The Action Group met in June 2023 to provide feedback and input on a working term and definition for the unlicensed roles providing supports in home and community-based settings. For the purposes of this document, this group of workers is referred to as “Home and Community Support Professionals” (please note, this is a working title).

FSSA has a vision of ensuring all Home and Community Support Professionals serving any population under an HCBS waiver have the same competencies and training. This memo explores other state and federal approaches to those core competencies. The memo is laid out with similar parameters and

schema as previous documents. The scope, examples from other states curricula, core competencies, and definitions of competencies are presented individually for ease of understanding.

WHAT IS A COMPETENCY?

As the objective of this step is to establish statewide minimum “core” training competencies for Home and Community Support Professionals, it is important to understand what a competency is so that it can be utilized as a common terminology throughout the process. According to the World Health Organization (WHO), **a competency is a person’s abilities to integrate knowledge, skills and attitudes, demonstrated through behaviors** (World Health Organization, 2022).

Benefits of Competency-based Training

To Employers/Providers:

- Facilitates proper evaluation of employee skills
- Supports portability of training across employers/settings, reducing costs (time, resources) associated with unnecessary re-trainings and enabling a more rapid hire-to-service time for experienced employees

To Consumers:

- Ensures a minimum level of knowledge and skills

WHY A COMPETENCY-BASED APPROACH?

When competency-based education is utilized, it provides the opportunity for curriculum to be designed around the identified skill areas. Not only is a competency-based approach beneficial from an educational standpoint, but it also serves to benefit Employers and Consumers alike.

For employers, using competency-based education in training allows for proper evaluation of employees, providing standardized measures of success. The standardization of the core competencies and associated training across all Home and Community Support Professionals will support portability of training across employers. This will save resources for employers, as only organization-specific or client-specific training would be necessary after initial entry to the field.

For consumers, competency-based training provides confidence that the Home and Community Support Professional can reach the desired outcomes for the client, as well as trust that the individual possesses the skills and knowledge necessary to be successful in their role.

INTRODUCTORY GLOSSARY

Effective application of a competency-based curriculum requires clarity of terminology, definitions, and concepts. Below a glossary is provided, based on previous adopted and validated terms and definitions from the World Health Organization (WHO) Competency-based Education Framework (2022).

Table 1. Glossary of Terms

Term	Definition
Competence	The state of proficiency of a person to perform the required practice activities to the defined standard. This incorporates having the requisite competencies to do

	this in a given context. Competence is multidimensional and dynamic. It changes with time, experience, and setting.
Competencies	The abilities of a person to integrate knowledge, skills, and attitudes in their performance of tasks in a given context. Competencies are durable, trainable and through the expression of behaviors, measurable.
Competency-based curriculum	A curriculum that emphasizes the complex outcomes of learning rather than mainly focusing on what learners are expected to learn about in terms of traditionally defined subject content. In principle, such a curriculum is learner centered and adaptive to the changing needs of students, teachers and society. It implies that learning activities and environments are chosen so that learners can acquire and apply the knowledge, skills, and attitudes to situations they encounter in work environments.
Competency-based education	An approach to preparing health workers for practice that is fundamentally oriented to outcomes abilities and organized according to competencies. It de-emphasizes time-based training and facilitates greater accountability, flexibility, and learner-centeredness.
Competency framework	An organized and structured representation of a set of interrelated and purposeful competencies.
Competent	Descriptive of a person who has the ability to perform the designated practice activities to the defined standard. This equates to having the requisite competencies.

Reference: Global Competency and Outcomes Framework for Universal Health Coverage. Geneva: World Health Organization; 2022. License: CC BY-NC-SA 3.0 IGO.

OTHER STATE AND FEDERAL COMPETENCIES

A review of other states finds a variety of core curricula, with a broad range of topics covered and competencies presented. Training and certification approaches from other states is written into state statute and rules, in policy documents, in Medicaid and training materials or on state government websites. Federally, Medicaid provides guidance for training competencies for Direct Service Workers (Centers for Medicare and Medicaid Services, Road Map of Core Competencies for the Direct Service Workforce Project, 2012)

The tables below include definitions of CMS Direct Service Workforce Core Competencies and State reported core competencies. CMS Direct Service Workforce Core Competencies, definitions, and associated skill statements have been included. The final columns include an inventory of states that have state standardized training for Home and Community Support Professionals and where there is alignment between adopted state competencies and CMS Direct Service Workforce Core Competencies. A table with individual state curricula is presented in Table 3.

Table 2. Competencies from Federal CMS Direct Service Workforce Core Competency Initiative and Assessment of State Implementation

CMS Direct Service Workforce Competency (Sourced from Federal – CMS Direct Service Workforce Competencies) Symbols indicate competencies that are also included in federal & Indiana Δ=Home Health Aide Competency; * = Certified Nurse Aide Competency	CMS Direct Service Workforce Competency Definition (Sourced from Federal – CMS Direct Service Workforce Competencies)	CMS Direct Service Workforce Skill Statements (Sourced from Federal – CMS Direct Service Workforce Competencies)	460 IAC 6-14-4 Competencies	States with Core Competencies Similar to CMS Direct Service Workforce Competencies									
				AK	AZ	KS	ME	MA	NY	VA	WA	WI	
Communication Δ *	Builds trust and productive relationships with people s/he supports, co-workers, and others through respectful and clear verbal and written communication.	<ul style="list-style-type: none"> • Uses positive and respectful verbal, non-verbal and written communication in a way that can be understood by the individual, and actively listens and responds to him or her in a respectful, caring manner. • Explains services and service terms to the individual being supported and his or her family members. • Communicates with the individual and his or her family in a respectful and culturally appropriate way. 	X		X		X	X	X	X	X	X	X
Community Inclusion and Networking	Helps individuals to be a part of the community through valued roles and relationships and assists individuals with major transitions that occur in community life.	<ul style="list-style-type: none"> • Encourages and assists individuals in connecting with others and developing social and valued social and/or work roles based on his or her choices. • Supports the individual to connect with friends and to live and be included in the community of his or her choice. • Helps the individual transition between services and adapt to life changes, including moving into home and community-based settings. • Respects the role of family members in planning and providing service. 		X	X			X	X				

CMS Direct Service Workforce Competency	CMS Direct Service Workforce Competency Definition	CMS Direct Service Workforce Skill Statements	460 IAC 6-14-4	AK	AZ	KS	ME	MA	NY	VA	WA	WI
Community Living Skills and Supports Δ *	Helps individuals to manage the personal, financial, and household tasks that are necessary on a day-to-day basis to pursue an independent, community-based lifestyle.	<ul style="list-style-type: none"> Assists the individual meet his or her physical and personal care needs (i.e. toileting, bathing, grooming) and provides training in these areas when needed. Teaches and assists the individual with household tasks such as laundry and cleaning. Assists the individual to learn about meal planning and shopping, and safe food preparation. Provides person centered support and helps the individual to build on his or her strengths in life activities. 	X	X	X		X	X	X	X	X	
Crisis Prevention and Intervention Δ *	Identifies risk and behaviors that can lead to crisis and uses effective strategies to prevent or intervene in the crisis in collaboration with others.	<ul style="list-style-type: none"> Recognizes risk and works to prevent an individual's crisis in a way that meets the individual's need. Uses positive behavior supports to prevent crisis and promote health and safety. Uses appropriate and approved intervention approaches to resolve a crisis. Seeks help from other staff or services when needed during a crisis. Monitors situations and communicates with the individual and his or her family and support team to reduce risk. Reports incidents according to rules. Sees own potential role within a conflict or crisis and changes behavior to minimize conflict. 	X		X		X	X	X	X	X	
Cultural Competency	Respects cultural differences and provides services and support that fit with an individual's preferences.	<ul style="list-style-type: none"> Provides or accesses services that fit with the individuals' culture or preferences. Seeks to learn about different cultures to provide better support and services. Recognizes own biases and doesn't let them interfere in work relationships. Respects the cultural needs and preferences of each individual. Assists the individual to find social, learning and recreational opportunities valued in his or her culture. 			X	X	X	X	X	X	X	X

CMS Direct Service Workforce Competency	CMS Direct Service Workforce Federal	CMS Direct Service Workforce Skill Statements	460 IAC 6-14-4	AK	AZ	KS	ME	MA	NY	VA	WA	WI
Education, Training, and Self-Development *	Obtains and maintains necessary certifications and seeks opportunities to improve their skills and work practices through further education and training.	<ul style="list-style-type: none"> • Completes training and continues to develop skills and seek certification. • Seeks feedback from many sources and uses to improve work performance and skills. • Learns and stays current with technology used for documentation, communication and other work activities. 			X		X	X			X	X
Empowerment and Advocacy	Provides advocacy and empowers and assists individuals to advocate for what they need.	<ul style="list-style-type: none"> • Helps the individual set goals, make informed choices, and follow-through on responsibilities. • Supports the individual to advocate for him or herself by encouraging the individual to speak for his or herself. • Supports the individual to get needed services, support and resources. • Assists the individual get past barriers to get needed services. • Tells the individual and his or her family their rights and how they are protected. 	X		X			X				
Evaluation and Observation Δ	Closely monitors an individual's physical and emotional health, gathers information about the individual, and communicates observations to guide services.	<ul style="list-style-type: none"> • Helps with the assessment process by gathering information from many sources. • Uses the results of assessments to discuss options with the individual and with team members to guide support work. • Collects data about individual goals and satisfaction with services. • Observes the health and behavior of the individual within his or her cultural context. 	X		X		X	X	X	X	X	

CMS Direct Service Workforce Competency	CMS Direct Service Workforce Federal	CMS Direct Service Workforce Skill Statements	460 IAC 6-14-4	AK	AZ	KS	ME	MA	NY	VA	WA	WI
Health and Wellness Δ*	Plays a vital role in helping individuals to achieve and maintain good physical and emotional health essential to their well-being.	<ul style="list-style-type: none"> • Supports the spiritual, emotional, and social wellbeing of the individual. • Gives medications or assists the individual to take medication while following all laws and safety rules. • Assists the individual to learn disease prevention and maintain good health. • Assists the individual to use infection control procedures and prevent illness. • Helps the individual make and keep regular health and dental care appointments. • Helps the individual follow health care plans and use medical equipment as needed. • Helps the individual to learn the signs of common health problems and take actions to improve health. 	X		X		X	X	X	X	X	
Person-Centered Practices Δ*	Uses person-centered practices, assisting individuals to make choices and plan goals, and provides services to help individuals achieve their goals.	<ul style="list-style-type: none"> • Helps design services or support plans based on the choices and goals of the individual supported, and involves the individual in the process. • Builds collaborative, professional relationships with the individual and others on the support team. • Provides supports and services that help the individual achieve his or her goals. • Participates as an active member of service or support team. • Works in partnership with the individual to track progress toward goals and adjust services as needed and desired by individual. • Gathers and reviews information about an individual to provide quality services. • Completes and submits documentation of services on time. 	X	X	X	X	X	X	X	X	X	X
Professionalism and Ethics Δ*	Works in a professional and ethical manner, maintaining confidentiality and respecting individual and family rights.	<ul style="list-style-type: none"> • Follows relevant laws, regulations and is guided by ethical standards when doing work tasks. • Supports individual in a collaborative manner and maintains professional boundaries. • Shows professionalism by being on time, dressing appropriately for the job, and being responsible in all work tasks. • Seeks to reduce personal stress and increase wellness. • Respects the individual and his or her families right to privacy, respect, and dignity. • Maintains confidentiality in all spoken and written communication, and follows in the rules in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). 	X		X	X	X	X	X	X	X	X

CMS Direct Service Workforce Competency	CMS Direct Service Workforce Federal	CMS Direct Service Workforce Skill Statements	460 IAC 6-14-4	AK	AZ	KS	ME	MA	NY	VA	WA	WI
Safety Δ*	Attentive to signs of abuse, neglect, or exploitation and follows procedures to protect an individual from such harm. S/he helps people to avoid unsafe situations and uses appropriate procedures to assure safety during emergency situations.	<ul style="list-style-type: none"> • Demonstrates the ability to identify, prevent, and report situations of abuse, exploitation, and neglect according to laws and agency rules. • Recognizes signs of abuse and neglect, including the inappropriate use of restraints, and works to prevent them. 	X	X	X	X	X	X	X	X	X	X

Note: Δ=Home Health Aide Competency; *=Certified Nurse Aide Competency

1= [455 IAC](#) was also reviewed for inclusion, but no specific competency or training content was identified.

2=[Core A/B DSP training](#) are acknowledged. However this training is structured as a curriculum and specific competencies were not clearly identified. Additionally, given that this training only impacts supported living sights and group homes and is not mandatory, this curriculum was excluded from the table.

Table 3. Standardized Training Curriculum by State

State	Curriculum	Link
Alaska	Not Specified	Alaska Core Competencies Overview
Arizona	The Principles of Caregiving	Developmental Disabilities Aging and Physical Disabilities Fundamentals of Caregiving
Kansas	Kansas Train	Basics of Community Based Services for Youth Basics of Community Based Services for Adults CBS-CSS Core Training
Maine	Introduction to Health Care and Human Services	Personal Support Specialist Student Training
Massachusetts	The ABCs of Direct Care	Homemaker Personal Care Homemaker
New York	Home Care Curriculum	Home Care Curriculum
Virginia	Personal Care Aide Training Curriculum	Personal Care Aide Training
Washington	Department of Social and Health Services Curriculum	DSHS Training
Wisconsin	Certified Direct Care Professional Program	Overview

CONSIDERATIONS FOR THE ACTION GROUP

With the intent of the core competencies in place to support all Home and Community Support Professionals to successfully perform tasks at the designated standard, it is important to consider which would universally apply to all or most Home and Community Support Professionals. Of note, although this is the first foundational step, these competencies may not represent all of the knowledge/skills that a [worker] needs to perform their job. Future conversations will be dedicated to any specific trainings that should or could be created and made available on certain topic areas or tasks (including tiers, badges, or micro-credentials).

Below are a series of questions and considerations for stakeholder input for Indiana's core competencies for Home and Community Support Professionals:

- **Step 1: After reviewing the CMS Competencies for Direct Service Workers and seeing how those were adopted by states, are there any competencies that are “no-brainers” that should be included in Indiana’s core competency set for Home and Community Support Professionals?**
 - Note: These would likely be any competency that is broadly adopted by states, or competency that all or most Home and Community Support Professionals would need to meet for most Home and Community Support Professionals roles.

- **Step 2: Are there any competencies that may be appropriate but require additional research or discussion?**
- **Step 3:**
 - **Are there any competencies that should not be included?**
 - **Are there any competencies that are missing from the federal list?**

CMS Direct Service Worker Core Competency	Step 1: Which competencies are “no brainers” and should be included in Indiana’s core competency set? Indicate with “Include” below.	Step 2: Which competencies require additional discussion or research to determine whether it should be included? Indicate with “Additional discussion required. [Summary of feedback].” Below.	Step 3: Are there any competencies that should not be included? Any that are missing? Indicate those that should not be included with “Do not include, rationale: [insert rationale].” Any new competencies should be added as new rows.
Communication			
Person-Centered Practices			
Evaluation and Observation			
Crisis Prevention and Intervention			
Safety			
Professionalism and Ethics			
Empowerment & Advocacy			
Health and Wellness			
Community Living Skills and Supports			
Community Inclusion and Networking			
Cultural Competency			
Education, Training and Self-Development			

ADDITIONAL RESOURCES

Indiana/Federal Home Health Aide Training Competencies (Δ)

Communications skills
Observation, reporting, and documentation of patient status and the care or service
Reading and recording temperature, pulse, and respiration
Basic infection control procedures
Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor
Maintenance of a clean, safe, and healthy environment
Recognizing emergencies and knowledge of emergency procedures
The physical, emotional, and developmental needs of and ways to work with the populations served by the HHA, including the need for respect for the patient, his or her privacy and his or her property
Appropriate and safe techniques in personal hygiene and grooming that include bed bath; sponge, tub, or shower bath; shampoo, sink, tub, or bed; nail and skin care; oral hygiene; toileting and elimination; safe transfer techniques and ambulation; normal range of motion and positioning; adequate nutrition and fluid intake; any other task that the HHA may choose to have the home health aide perform.

Indiana/Federal Certified Nurse Aide Training Competencies (*)

Competency Category	Sub-Competency Topics
Introduction to the Role of the Nurse Aide	<ul style="list-style-type: none"> • Introduction to Long Term Care • The Role of the Nurse Aide • The Care Team and the Chain of Command • Communication and Interpersonal Skills • Resident-Centered Care (Person-Centered Care)
Resident Rights	<ul style="list-style-type: none"> • Origin/Purpose • List of Rights • Protection of Resident Rights • Abuse, Neglect, and Personal Possessions/Misappropriation
Infection Control	<ul style="list-style-type: none"> • Introduction to Infection Control • Hand Hygiene • Personal Protective Equipment – PPE • Precautions • Infectious Disease/Infectious Condition • Infection Control Practices • Review of Personal Infection Control Practices
Medical Concerns/Emergency Procedures	<ul style="list-style-type: none"> • Accidents • Falls • Choking • Burns/Scalds • Poisoning • Medical Emergency • Safety Measures/Prevention Strategies
Fire Safety and other Resident Safety Concerns	<ul style="list-style-type: none"> • Fire Safety • Side rails/Entrapment • Resident Elopement

	<ul style="list-style-type: none"> • Smoking
Basic Nursing Skills (Vital Signs, Height and Weight)	<ul style="list-style-type: none"> • Initial Steps • Final Steps • Vital Signs • Measuring and Recording Height and Weight
Activities of Daily Living (Positioning/Turning, Transfers)	<ul style="list-style-type: none"> • Proper Positioning and Body Alignment • Commonly Used Positions • Proper Transfer
Activities of Daily Living (Devices Used for Transfer)	<ul style="list-style-type: none"> • Using Mechanical Lifts • Transfer Resident to Stretcher/Shower Bed • Transfer – Two Person Lift
Activities of Daily Living (Bathing, Shampoo, Perineal Care)	<ul style="list-style-type: none"> • Shower/Shampoo/Drape-Undrape/Bed Bath/Perineal Care/Back Rub/Catheter Care/Whirlpool
Activities of Daily Living (Oral Care, Grooming, Nail Care)	<ul style="list-style-type: none"> • Grooming/Personal Hygiene
Activities of Daily Living (Dressing, Toileting)	<ul style="list-style-type: none"> • Dressing and Toileting
Resident Environment	<ul style="list-style-type: none"> • Unoccupied Bed • Occupied Bed • Resident Room/Environment/Fall Prevention
Activities of Daily Living (Nutrition/Hydration)	<ul style="list-style-type: none"> • Promoting Proper Nutrition and Hydration • Promoting the Use of Proper Feeding Technique/Assisting a Resident with Special Needs • Caring for a resident with a Tube Feeding and the Resident at Risk for Aspiration
Skin Care/Pressure Prevention	<ul style="list-style-type: none"> • Understanding the Integumentary System and Basic Skin Care • Risk Factors for Skin Breakdown • Development • Prevention
Restraints	<ul style="list-style-type: none"> • Physical Restraint
Rehabilitation/Restorative Services	<ul style="list-style-type: none"> • Rehabilitation • Restorative Services • Devices which May be Applied per Restorative Nursing Program
Oxygen Use	<ul style="list-style-type: none"> • Oxygen Use
Devices/Interventions	<ul style="list-style-type: none"> • Purpose of a Prosthetic Device • Types of Prosthetic Device • Role of CNA regarding Amputation and Prosthetic Care • Role of CNA regarding Hearing Aids • Role of CNA regarding Artificial Eye and Eyeglasses • Role of CNA regarding Dentures • Role of CNA regarding Elastic/Compression Stocking
Special Care Needs Intravenous Fluids, Non-Pharmacologic Pain Intervention	<ul style="list-style-type: none"> • Purpose of IV or PICC • Role of CNA in caring for IV/PICC • Infection Control • Pain Factors • Role of CNA related to pain

Cognitive Impairment/Dementia/Alzheimer's	<ul style="list-style-type: none"> • Conditions • Behaviors, Causes and Interventions • Methods/Therapies to Reduce Behaviors • Tips to Remember when Dealing with Cognitively Impaired Residents • Communication Strategies • Techniques to Handle Difficult Behaviors • Behavior Interventions
Mental Health, Depression and Social Needs	<ul style="list-style-type: none"> • Causes of Mental Illness • Response to Behaviors • Use of Defense Mechanisms • Types of Mental Illness • Behaviors Associated with Mental Disorders – Actions and Interventions • Treatment for Mental Illness • Special Consideration • Mental Illness and Intellectual Disability Mental Retardation
Common Diseases and Disorders – Nervous, Circulatory, and Musculo-Skeletal Systems	<ul style="list-style-type: none"> • Nervous System • Conditions that Affect Nervous System • Normal Nervous System Changes with Age • Role of the CNA • Circulatory System • Conditions that Affect the Circulatory System • Normal Circulatory Changes with Age • Role of the CNA • Musculo-Skeletal System • Conditions that Affect the Musculo-Skeletal System • Importance of Exercise and Range of Motion (RAM) • Normal Musculo-Skeletal Changes with Age • Role of CNA
Common Diseases and Disorders – Respiratory and Urinary	<ul style="list-style-type: none"> • Respiratory System • Common Conditions of the Respiratory System • Normal Changes with Age • Role of CNA • Urinary System • Common Conditions of the Urinary System • Normal Changes with Age • Role of the CNA
Common Diseases and Disorders – Gastrointestinal, Endocrine	<ul style="list-style-type: none"> • Gastrointestinal System • Common Conditions of the Gastrointestinal System • Normal Changes with Age • Role of the CNA • Endocrine System • Common Conditions that Affect the Endocrine System • Normal Changes with Age • Role of the CNA
Common Diseases and Disorders - Reproductive, Immune/Lymphatic System	<ul style="list-style-type: none"> • Common Conditions of the Reproductive System • Normal Changes with Age • Role of the CNA

	<ul style="list-style-type: none"> • Common Conditions of the Immune and Lymphatic Systems • Normal Changes with Age • Role of the CNA
Admission/Transfer/Discharge	<ul style="list-style-type: none"> • Admitting a New resident to the Facility • Assisting to Transfer a Resident to a Hospital • Assisting a Resident to Discharge Home or to Another Facility
End of Life	<ul style="list-style-type: none"> • Advance Directives • Role of Hospice • Care of the Dying Resident • Signs/Symptoms of Impending Death • Postmortem Care • Disposition of Personal Belongings
Daily Responsibilities	<ul style="list-style-type: none"> • Day to Day Time Management/Resident Care • Interdisciplinary Care Plan Meetings
Protecting Your Profession	<ul style="list-style-type: none"> • Reducing Stress/Burnout • Abuse/Neglect/Misappropriation • Nurse Aide Testing/Certification

460 IAC 6-14-14 Training

Section 3 (a) A provider should train the provider's employees or agents in the protection of an individual's rights, including how to:

- (1) respect the dignity of an individual;
- (2) protect an individual from abuse, neglect, and exploitation;
- (3) implement person centered planning and an individual's ISP; and
- (4) communicate successfully with an individual.

(b) A provider that develops training outcomes and objectives for an individual shall train the provider's employees or agents in:

- (1) selecting specific objectives;
- (2) completing task analysis;
- (3) appropriate locations for instruction; and
- (4) appropriate documentation of an individual's progress on outcomes and objectives.

(c) A provider shall train direct care staff in providing a healthy and safe environment for an individual, including how to: (1) administer medication, monitor side effects, and recognize and prevent dangerous medication interactions;

- (2) administer first aid;
- (3) administer cardiopulmonary resuscitation;
- (4) practice infection control;
- (5) practice universal precautions;
- (6) manage individual-specific treatments and interventions, including management of an individual's:
 - (A) seizures;
 - (B) behavior;
 - (C) medication side effects;
 - (D) diet and nutrition;
 - (E) swallowing difficulties;
 - (F) emotional and physical crises; and
 - (G) significant health concerns; and
- (7) conduct and participate in emergency drills and evacuations.

(d) Applicable training as required in this section shall be completed prior to any person working with an individual. (Division of Disability and Rehabilitative Services; 460 IAC 6-14-4; filed Nov 4, 2002, 12:04 p.m.: 26 IR 771; filed Aug 29, 2003, 10:30 a.m.: 27 IR 111; readopted filed Sep 26, 2008, 11:11 a.m.: 20081015-IR-460080618RFA; readopted filed Aug 11, 2014, 11:20 a.m.: 20140910-IR-460140241RFA)