

**RULES
OF
THE TENNESSEE DEPARTMENT OF MENTAL HEALTH
AND SUBSTANCE ABUSE SERVICES
OFFICE OF LICENSURE**

**CHAPTER 0940-05-37
MENTAL HEALTH RESIDENTIAL TREATMENT FACILITY
FOR CHILDREN AND YOUTH**

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0940-05-37-.01 DEFINITION.

- (1) A Mental Health Residential Treatment Facility for Children and Youth - A facility which provides twenty-four (24) hour residential treatment and habilitation to persons under 18 years of age, with a mental illness or who are seriously emotionally disturbed (SED). The focus of the program may be on short-term stabilization or longer term treatment and habilitation. The program must provide, or arrange for an education component in compliance with the Rules, Regulations, and Minimum Standards of the Tennessee State Board of Education.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 4-5-204, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 32-2-302, and 33-2-404. **Administrative History:** Original rule filed June 29, 2004; effective September 12, 2004.

0940-05-37-.02 APPLICATION OF RULES.

- (1) The governing body of a residential treatment program must comply with the following rules:
 - (a) Applicable Life Safety Rules for Health Care, or Board and Care, or One and Two-Family Dwellings, Occupancy Classifications;
 - (b) Adequacy of Program Environment and Ancillary Services Rule;
 - (c) Minimum Program Requirements for All Programs Rule;
 - (d) Minimum Program Requirements for Mental Health Residential Treatment Facilities for Children and Youth;
 - (e) Isolation and Restraint in Mental Health Residential Treatment Facilities.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 4-5-204, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 32-2-302, and 33-2-404. **Administrative History:** Original rule filed June 29, 2004; effective September 12, 2004.

0940-05-37-.03 PERSONNEL AND STAFFING REQUIREMENTS.

- (1) The program must be under the direct clinical supervision of a licensed mental health professional with training and/or experience in mental health treatment of children and youth.

(Rule 0940-05-37-.03, continued)

- (2) Treatment and/or habilitation services must be provided by mental health professionals or by mental health personnel. Individual staff who will provide educational programs shall meet the employment standards outlined in the state Board of Education Rules, Regulations, and Minimum Standards.
- (3) The program must maintain a written agreement with or employ a Tennessee-licensed physician as a medical consultant.
- (4) If the consulting physician is not a psychiatrist, the facility must arrange for the regular, consultative, and emergency services of a licensed psychiatrist.
- (5) During normal waking hours the program must provide at least one (1) staff person on-duty and on-site for each eight (8) service recipients present. Staff persons counted in the staff-to-service recipient ratio may only be persons who are assigned to provide direct program services as described by written job description. During normal sleeping hours the program must provide one direct care staff person on site in each building, or physically separated unit of a building, in which service recipients are housed. Support staff, such as clerical, housekeeping, van and bus driver staff, or students involved in an on-site practicum for academic credit may not be counted in the staff-to-service recipient ratio.
- (6) The program must provide at all times at least one (1) on-duty staff member trained in First Aid and the Heimlich maneuver and certified in cardiopulmonary resuscitation (CPR).
- (7) Staff must be trained in and practice infection control procedures.
- (8) Staff must have a tuberculosis skin test within thirty (30) days of employment and as required thereafter by current Tennessee Department of Health guidelines.
- (9) Staff training must include new staff orientation and continuing education for all staff. A training plan must be developed and implemented for all staff. Within three months, all staff must acquire knowledge and competency appropriate to the special needs of the service recipients served. Training topics must include, but not be limited to:
 - (a) managing disruptive behavior;
 - (b) physical holding procedures and techniques; and
 - (c) child development.
- (10) The program must perform background checks on all employees and volunteers. A person, whether an employee or a volunteer, who is named as a suspect in an "indicated" report of child sexual abuse, or who is currently charged with committing a crime against a child must not work in this program as a caregiver or have any contact with the children.
- (11) Service recipients must not be in the care of or have any direct contact while in the care of the program with a person who has been convicted of a crime involving children or of violating a law enacted to protect children.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 4-5-204, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 32-2-302, and 33-2-404. **Administrative History:** Original rule filed June 29, 2004; effective September 12, 2004.

0940-05-37-.04 ASSESSMENT REQUIREMENTS.

- (1) The program must ensure that the following assessments are completed prior to development of the service recipient's Plan of Care:

(Rule 0940-05-37-.04, continued)

- (a) Assessment of current functioning, and a history in the following areas:
 - 1. Community living skills;
 - 2. Living skills appropriate to age;
 - 3. Emotional, psychological health, and
 - 4. Educational level (including educational history).
- (b) Basic medical history and information
- (c) A six (6) month history of prescribed medications, frequently used over-the-counter medications, and alcohol or other drug use.
- (d) History of prior mental health and alcohol and drug treatment episodes.
- (e) Assessment of whether service recipient is currently eligible for special education services in accordance with the State Board of Education Rules, Regulations, and Minimum Standards.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 4-5-204, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 32-2-302, and 33-2-404. **Administrative History:** Original rule filed June 29, 2004; effective September 12, 2004.

0940-05-37-.05 INDIVIDUAL PLAN OF CARE REQUIREMENTS.

- (1) An individual Plan of Care must be developed and implemented for each service recipient. The individual Plan of Care (POC) must be based on initial history and on-going assessment of the service recipient's needs and strengths and must be completed within seventy-two (72) hours of admission.
- (2) Documentation of the POC and of its implementation must be kept in the service recipient record and must include the following:
 - (a) The service recipient's name on the POC;
 - (b) The date of development of the POC;
 - (c) Individual problems specified in the POC which are to be addressed within the particular service/program component, including treatment and educational components;
 - (d) Individual objectives which are related to specified problems identified in the POC and which are to be addressed by the particular service/program component;
 - (e) Interventions and staff responsible for addressing goals and objectives in the POC;
 - (f) Signatures of the staff providing the services;
 - (g) Documentation of participation of service recipient and parent/guardian/legal custodian or conservator where appropriate, in the treatment planning process; if any of the parties refuse to participate, reasons for refusal must be documented.

(Rule 0940-05-37-.05, continued)

- (h) Standardized diagnostic formulation(s), [including, but not limited to, the current Diagnostic and Statistical Manual (DSM) Axes I-V and/or ICD-9] where appropriate, and assessment documentation on file which is updated as recommended by POC team;
 - (i) Planned frequency of treatment contacts;
 - (j) A plan for family involvement in the service recipient's treatment.
- (3) A review of the POC must occur at least every thirty (30) days or upon completion of the stated goals and objectives and must include the following documentation:
- (a) Dated signatures of appropriate staff, and
 - (b) An assessment of progress toward each treatment goal and / or objective with revisions as indicated, and
 - (c) A statement of justification for the level of service(s) needed, including suitability for treatment in a less restrictive environment and continued services.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 4-5-204, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 32-2-302, and 33-2-404. **Administrative History:** Original rule filed June 29, 2004; effective September 12, 2004.

0940-05-37-.06 RECORD REQUIREMENTS.

- (1) The individual record for each service recipient must contain the following information:
- (a) Documentation of the POC and the Individualized Education Program (if required) and of their implementation;
 - (b) Progress notes must be recorded daily, and must include written documentation of service recipient progress and changes, which have occurred within the POC. The progress notes must be dated and include the signature, title or degree of the person who provided the service;
 - (c) Documentation of all drugs prescribed and/or administered by the facility which indicates date prescribed, type, dosage, frequency, amount, and reason;
 - (d) Narrative summary review at least every six (6) months of all medications prescribed which includes specific reasons for continuation of each medication;
 - (e) Documentation of significant behavior; and actions taken by staff;
 - (f) A list of each article of the service recipient's personal property valued at one hundred dollars (\$100.00) or more, and its disposition if no longer in use;
 - (g) Documentation of abuse, medical problems, accidents, seizures, and illnesses and treatment for such abuse, accidents, seizures, and illnesses, and any reports generated as the result;
 - (h) Results of assessments required by this rule;
 - (i) Discharge summary which states, service recipient's condition at the time of discharge and signature of person preparing the summary.

(Rule 0940-05-37-.06, continued)

- (j) Documentation of an education plan developed for each service recipient that conforms to the Rules, Regulations, and Minimum Standards of the State Board of Education and the Individualized Education Program (IEP) test being developed by an appropriately constituted IEP-Team for all “qualified students with disabilities.”

The education plan may include education services provided either by the facility or by the local education agency.

- (k) Appropriate consents and authorizations for the release and obtaining of information about the service recipient.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 4-5-204, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 32-2-302, and 33-2-404. **Administrative History:** Original rule filed June 29, 2004; effective September 12, 2004.

0940-05-37-.07 OTHER SERVICES.

- (1) The program must arrange access to qualified dental, medical, nursing, and pharmaceutical care for service recipients of the program. Service recipients or their families may choose a professional for non-emergency services.
- (2) The program must ensure that each service recipient has had a physical examination within the twelve (12) months prior to admission or within thirty (30) days after admission. Such examinations must include routine screenings (such as vision and hearing), and laboratory examinations (such as Pap smear and blood work), and immunizations as determined necessary by the physician, and special studies where the index of suspicion is high and thereafter as often as indicated by the service recipient's physician. Documentation of the physical examination must be placed in the service recipient's record and must include the name of the examining physician, clinic or hospital., and date of examination.
- (3) In consultation with the service recipient/parent/guardian, the program must arrange access for each service recipient for ongoing mental health services not provided by the program and assist the service recipient in keeping appointments and participating in such treatment programs. Documentation of such referrals must be kept in the service recipient's record.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 4-5-204, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 32-2-302, and 33-2-404. **Administrative History:** Original rule filed June 29, 2004; effective September 12, 2004.

0940-05-37-.08 EMERGENCY SERVICES.

- (1) In case of medical or other type of emergency, the program must provide for immediate access to relevant information in the service recipient's record.
- (2) The program must provide immediate notification to the parent/guardian/legal custodian in case of emergency.
- (3) The program must provide direct or telephone access to at least one (1) Tennessee licensed mental health professional twenty-four (24) hours a day seven (7) days a week. If the professional is not a psychiatrist, the program must also arrange for the regular, consultative, and emergency services of a psychiatrist.
- (4) The program must provide back-up coverage by staff trained to handle acute psychiatric problems on a twenty-four (24) hours per day and seven (7) days per week on-call basis.
- (5) The program must secure emergency services for service recipients who pose an imminent physical danger to themselves or others.

(Rule 0940-05-37-.08, continued)

Authority: T.C.A. §§ 4-4-103, 4-5-202, 4-5-204, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 32-2-302, and 33-2-404. **Administrative History:** Original rule filed June 29, 2004; effective September 12, 2004.

0940-05-37-.09 MEDICATION ADMINISTRATION.

- (1) All medications must be administered by licensed medical or licensed nursing personnel or by other qualified personnel. Qualified personnel under these rules means a certified or registered respiratory therapist, a radiological technologist, a nuclear medicine technologist, or a certified physician assistant practicing under a protocol approved by the medical staff. Such qualified personnel may only administer medication within the scope of an established protocol.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 4-5-204, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 32-2-302, and 33-2-404. **Administrative History:** Original rule filed June 29, 2004; effective September 12, 2004.

0940-05-37-.10 RECREATIONAL ACTIVITIES IN RESIDENTIAL TREATMENT PROGRAM FOR CHILDREN AND YOUTH.

- (1) The program must ensure that opportunities are provided for recreational activities, which are appropriate to and adapted to the needs, interests, and ages of the service recipients.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 4-5-204, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 32-2-302, and 33-2-404. **Administrative History:** Original rule filed June 29, 2004; effective September 12, 2004.

0940-05-37-.11 INDIVIDUAL HEALTH, HYGIENE, AND GROOMING IN RESIDENTIAL TREATMENT PROGRAM FOR CHILDREN AND YOUTH.

- (1) The program must assist service recipients in the independent exercise of health, hygiene, and grooming practices.
- (2) The program must assist each individual service recipient in securing an adequate allowance of personally owned, individualized, clean, and seasonal clothes that are the correct size.
- (3) The program must assist and encourage individual service recipients in the use of dental, physical, or prosthetic appliances or devices and visual or hearing aids.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 4-5-204, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 32-2-302, and 33-2-404. **Administrative History:** Original rule filed June 29, 2004; effective September 12, 2004.