

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

**CHAPTER 0940-05-41  
MINIMUM PROGRAM REQUIREMENTS FOR ALCOHOL AND DRUG  
HALFWAY HOUSE TREATMENT FACILITIES**

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**0940-05-41-.01 DEFINITION.**

- (1) "Alcohol and Drug Halfway House Treatment Facility" means a transitional residential program providing services to service recipients with alcohol and/or drug abuse or dependency disorders with the primary purpose of establishing vocational stability and counseling focused on re-entering the community. Service recipients are expected to be able to self-administer medication and to work, seek work, or attend vocational/educational activities away from the residence for part of the day. Services include counseling contacts, lectures, seminars, and other services necessary to meet the service recipient's assessed needs.

**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, 33-2-302, and 33-2-404 and Executive Order 44 (February 23, 2007). **Administrative History:** Original rule filed July 27, 2000; effective October 10, 2000. Amendment filed April 11, 2003; effective June 25, 2003. Amendments filed February 27, 2006; effective May 13, 2006. Amendment filed February 7, 2007; effective April 23, 2007. Per Executive Order 44 (February 23, 2007), rule was transferred from 1200-08-22 on May 15, 2008. Repeal and new rule filed July 31, 2008; effective October 14, 2008.

**0940-05-41-.02 APPLICABLE RULES.**

- (1) The governing body of an alcohol and drug halfway house treatment facility must comply with the following rules:
  - (a) Applicable occupancy rules found in Chapter 0940-05-04 Life Safety Licensure Rules:
    1. Rule 0940-05-04-.02 Health Care Occupancies for facilities providing services for four (4) or more service recipients who are not capable of self-preservation; or
    2. Rule 0940-05-04-.06 Residential Occupancies - Board and Care for facilities providing services to four (4) or more service recipients; or
    3. Rule 0940-05-04-.07 Residential Occupancies - One- or Two-Family Dwellings (Two or Three Service recipients) for facilities providing services to two (2) or three (3) service recipients;
  - (b) If services are to be provided in a facility meeting the requirements for Rule 0940-05-04-.06 Residential Occupancies - Board and Care or Rule 0940-05-04-.07 Residential Occupancies - One- or Two-Family Dwelling Occupancy and services are provided to

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one (1) or more mobile non-ambulatory service recipients, then Rule 0940-05-04-.09(2) Mobile Non-Ambulatory Rule;

- (c) Rules for Adequacy of Facility Environment and Ancillary Services found in Chapter 0940-05-05;
- (d) Minimum Program Requirements for All Facilities found in Chapter 0940-05-06;
- (e) Minimum Program Requirements for Alcohol and Drug Halfway House Treatment Facilities found in Chapter 0940-05-41; and
- (f) Rules for Use of Isolation, Mechanical Restraint, and Physical Holding Restraint in Mental Health Treatment Facilities found in Chapter 0940-03-09.

**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, 33-2-302, and 33-2-404 and Executive Order 44 (February 23, 2007). **Administrative History:** Original rule filed July 27, 2000; effective October 10, 2000. Per Executive Order 44 (February 23, 2007), rule was transferred from 1200-08-22 on May 15, 2008. Repeal and new rule filed July 31, 2008; effective October 14, 2008.

**0940-05-41-.03 POLICIES AND PROCEDURES.**

- (1) The facility must maintain a written policy and procedure manual which includes the following:
  - (a) The intake and assessment process;
  - (b) A description of its aftercare service;
  - (c) A policy ensuring that employees and volunteers practice standard precautions as specified by the Centers for Disease Control (CDC) to prevent transmission of infections, HIV, and communicable diseases;
  - (d) Guidelines and techniques for volunteers and employees to monitor, control and report facility infections;
  - (e) A quality assurance procedure which assesses the quality of care at the facility. This procedure must ensure treatment has been delivered according to acceptable clinical practice;
  - (f) Drug testing procedures if used by the facility;
  - (g) Exclusion criteria for service recipients not appropriate for the facility's services;
  - (h) Policy and procedures which address the methods for managing disruptive behavior. If restrictive procedures are used to manage disruptive behaviors, these policies and procedures must comply with Chapter 0940-3-9 Use of Isolation, Mechanical Restraint, and Physical Holding Restraint in Mental Health Residential Treatment Facilities;
  - (i) A policy that identifies efforts to reduce the use of isolation and restraint;
  - (j) Procedures to ensure that the facility, either directly or through arrangements with other public or private non-profit entities, will make available tuberculosis (TB) services in accordance with current Tennessee TB Guidelines for Alcohol and Drug Treatment Facilities (TB Guidelines), established by the Department of Health TB Elimination Program and the Tennessee Department of Mental Health and Substance Abuse Services Division of Alcohol and Drug Abuse, including:

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1. Counseling the service recipients about TB;
  2. Screening all service recipients for TB and, if applicable, testing service recipients at high risk for TB to determine whether the service recipients have been infected with TB;
  3. Providing for or referring the service recipients infected by TB for appropriate medical evaluation and treatment; and
  4. Conducting case management activities to ensure that service recipients receive such services.
- (k) A policy and procedure that establishes when employment is appropriate and requires all service recipients be gainfully employed, actively pursuing employment, or participating in vocation education/rehabilitation;
- (l) A weekly schedule of all program services and service recipient activities for each day specifying the type of service/activities and scheduled times;
- (m) A requirement that the facility provide to the service recipient, upon admission, a written statement outlining in simple, non-technical language all rights of service recipients under Title 33. These rights must include provisions to prohibit:
1. Denial to the service recipient of adequate food, treatment/rehabilitation activities, religious activities, mail or other contacts with family as punishment; and
  2. Confinement of the service recipient to his/her room or other place of isolation as punishment. This does not preclude requesting service recipients to remove themselves from potentially harmful situations in order to regain self-control.

**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, 33-2-302, and 33-2-404 and Executive Order 44 (February 23, 2007). **Administrative History:** Original rule filed July 27, 2000; effective October 10, 2000. Amendment filed March 1, 2007; effective May 15, 2007. Per Executive Order 44 (February 23, 2007), rule was transferred from 1200-08-22 on May 15, 2008. Repeal and new rule filed July 31, 2008; effective October 14, 2008. Administrative corrections made to agency names in December 2022 pursuant to Public Chapter 575 of 2012.

#### **0940-05-41-.04 PERSONNEL AND STAFFING REQUIREMENTS.**

- (1) Direct treatment and/or rehabilitation services must be provided by qualified alcohol and drug abuse personnel who as a requirement of employment were subject to a criminal background and abuse registry check.
- (2) A physician must be employed or retained by written agreement to serve as medical consultant to the program.
- (3) The facility must provide at least one (1) on-duty staff and on-site member certified in cardiopulmonary resuscitation (CPR), and trained in first aid, abdominal thrust, and standard precautions of infection control.
- (4) During waking hours, the facility must maintain an on-duty and on-site staff-to-service recipient ratio of at least one (1) to sixteen (16) when service recipients are present. During

(Rule 0940-05-41-.04, continued)

sleeping hours, facilities must provide at least one (1) awake on-duty and on-site staff person for each thirty (30) service recipients.

- (5) The facility must provide annual STD/HIV education to all direct care staff.
- (6) The facility must follow current TB Guidelines for screening and testing employees for TB infection;
- (7) Employee records must include date and results of TB screening and, if applicable, tuberculin skin test or equivalent used, date and results of tuberculin skin test, date and results of chest x-ray, and any drug treatment for tuberculosis; and
- (8) The facility must provide annual training to personnel responsible for counseling, screening, and providing case management service to service recipients to prevent the transmission of TB.

**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, 33-2-302, and 33-2-404 and Executive Order 44 (February 23, 2007). **Administrative History:** Original rule filed July 27, 2000; effective October 10, 2000. Amendment filed April 30, 2003; effective July 14, 2003. Amendment filed April 20, 2006; effective July 4, 2006. Amendment filed July 18, 2007; effective October 1, 2007. Per Executive Order 44 (February 23, 2007), rule was transferred from 1200-08-22 on May 15, 2008. Repeal and new rule filed July 31, 2008; effective October 14, 2008.

**0940-05-41-.05 SERVICE RECIPIENT ASSESSMENT REQUIREMENTS.**

- (1) The facility must document that the following assessments are completed prior to development of the Individual Program Plan (IPP); re-admission assessments must document the following information from the date of last service:
  - (a) Assessment of current functioning according to presenting problem, including history of the presenting problem;
  - (b) Basic medical history and determination of the necessity of a medical evaluation and a copy, where applicable, of the results of the medical evaluation;
  - (c) Screening to identify service recipients who are at high risk for infection with TB according to TB Guidelines, including documentation of risk level of the service recipient and, if applicable, a tuberculin skin test or equivalent, the results of the tuberculin skin test, the date and result of a chest x-ray, and any drug treatment for TB.
  - (d) Assessment information must include employment and educational skills, financial status, emotional and psychological health, legal issues, community living skills and housing needs, and the impact of alcohol and/or drug abuse or dependency on each area of the service recipient's life functioning; and
  - (e) A six (6) month history of prescribed medications, frequently used over-the-counter medications, and alcohol or other drugs, including patterns of specific usage for the past thirty (30) days.

**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, 33-2-302, and 33-2-404 and Executive Order 44 (February 23, 2007). **Administrative History:** Original rule filed July 27, 2000; effective October 10, 2000. Amendment filed April 20, 2006; effective July 4, 2006. Per Executive Order 44 (February 23, 2007), rule was transferred from 1200-08-22 on May 15, 2008. Repeal and new rule filed July 31, 2008; effective October 14, 2008.

**0940-05-41-.06 INDIVIDUAL PROGRAM PLAN (IPP) REQUIREMENTS.**

- (1) An IPP which includes the following requirements must be developed and documented for each service recipient within seven (7) days of admission:
  - (a) The service recipient's name;
  - (b) The date of the IPP's development;
  - (c) Standardized diagnostic formulation(s) including but not limited to the current Diagnostic and Statistical Manual (DSM) and/or International Classification of Diseases (ICD); and current American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance Abuse Disorders (ASAM PPC);
  - (d) Specified service recipient problems which are to be addressed within the particular service/program component;
  - (e) Service recipient goals which are related to specified problems and which are to be addressed within the particular service/program component;
  - (f) Interventions addressing goals;
  - (g) Planned frequency of contact;
  - (h) The signatures of appropriate staff; and
  - (i) Documentation of service recipient's participation in the treatment planning process.

**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, 33-2-302, and 33-2-404 and Executive Order 44 (February 23, 2007). **Administrative History:** Original rule filed July 27, 2000; effective October 10, 2000. Amendment filed April 30, 2003; effective July 14, 2003. Per Executive Order 44 (February 23, 2007), rule was transferred from 1200-08-22 on May 15, 2008. Repeal and new rule filed July 31, 2008; effective October 24, 2008.

**0940-05-41-.07 IPP MONITORING AND REVIEW REQUIREMENTS.**

- (1) Progress notes which include written documentation of progress or changes occurring within the IPP must be made in the individual service recipient record for each treatment contact or on a weekly basis.
- (2) The facility must review and, if indicated, revise the IPP at least every sixty (60) days. The revision shall document any of the following which apply:
  - (a) Change in goals and objectives based upon service recipient's documented progress or identification of any new problems;
  - (b) Change in primary counselor assignment;
  - (c) Change in frequency and types of services provided; and
  - (d) A statement documenting the review and an explanation if no changes were made in the IPP.

**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, 33-2-302, and 33-2-404 and Executive Order 44 (February 23, 2007). **Administrative History:** Original rule filed July 27, 2000; effective October 10, 2000. Amendment filed February 18, 2003; effective May 4, 2003.

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*Amendment filed April 30, 2003; effective July 14, 2003. Repeal and new rule filed February 27, 2006; effective May 13, 2006. Amendment filed June 21, 2007; effective September 4, 2007. Per Executive Order 44 (February 23, 2007), rule was transferred from 1200-08-22 on May 15, 2008. Repeal and new rule filed July 31, 2008; effective October 14, 2008.*

**0940-05-41-.08 SERVICE RECIPIENT RECORD REQUIREMENTS.**

- (1) The individual service recipient record must include the following:
  - (a) Documentation on a medications log sheet of all medications prescribed or administered with the date of the prescription, date of administration, type, dosage, frequency, amount, and reason;
  - (b) Documentation of the service recipient's employment related problem or problems and goal or goals on the IPP, and the service recipient's progress or lack of progress towards meeting the goal or goals in the progress notes, or clinical justification for an exception to the policy and procedure;
  - (c) A list of each individual article of each service recipient's personal property valued at one hundred dollars (\$100.00) or more including its disposition, if no longer in use;
  - (d) Written accounts of all monies received and disbursed on behalf of the service recipient;
  - (e) Reports of medical problems, accidents, seizures, and illnesses and treatments for such accidents, seizures, and illnesses;
  - (f) Reports of significant behavior incidents;
  - (g) Reports of any instance of physical holding or restriction with documented justification and authorization;
  - (h) A discharge summary which states the date of discharge, reasons for discharge, and referral for other services, if appropriate; and
  - (i) An aftercare plan which specifies the type of contact, planned frequency of contact, and responsible staff; or documentation that the service recipient was offered aftercare but decided not to participate; or documentation that the service recipient dropped out of treatment and is therefore not available for aftercare planning; or verification that the service recipient is admitted for further alcohol and drug treatment 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, 33-2-302, and 33-2-404 and Executive Order 44 (February 23, 2007). **Administrative History:** Original rule filed July 27, 2000; effective October 10, 2000. Amendment filed April 30, 2003; effective July 14, 2003. Repeal and new rule filed February 27, 2006; effective May 13, 2006. Amendment filed June 21, 2007; September 4, 2007. Per Executive Order 44 (February 23, 2007), rule was transferred from 1200-08-22 on May 15, 2008. Repeal and new rule filed July 31, 2008; effective October 14, 2008.

**0940-05-41-.09 PROFESSIONAL SERVICES.**

- (1) In addition to the alcohol and drug treatment services provided, the facility must provide services to service recipients to address their needs as indicated in the assessment/history in the areas of social, family, and peer interactions; employment and educational needs; financial status; emotional and psychological health; physical health; legal issues; and community living skills and housing needs. Such services may be provided directly by the

(Rule 0940-05-41-.09, continued)

agency or indirectly by referral to other service providers. Referral agreements with frequently used providers must be documented. The provision of such services to individual service recipients must be documented in the service recipient 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, 33-2-302, and 33-2-404 and Executive Order 44 (February 23, 2007). **Administrative History:** Original rule filed July 27, 2000; effective October 10, 2000. Per Executive Order 44 (February 23, 2007), rule was transferred from 1200-08-22 on May 15, 2008. Repeal and new rule filed July 31, 2008; effective October 14, 2008.

**0940-05-41-.10 SERVICE RECIPIENT MEDICATION ADMINISTRATION REQUIREMENTS.**

- (1) When supervising the self-administration of medication, the facility must consider the service recipient's self-management skills and ability.
- (2) The facility must ensure that prescription medications are taken only by service recipients for whom they are prescribed and in accordance with the directions of a physician.
- (3) Discontinued and outdated medication and containers with worn, illegible, or missing labels must be disposed.
- (4) All medication errors, medication reactions, or suspected inappropriate medication use must be reported to the Medical Director of the facility who will report to the prescriber, if known.
- (5) Evidence of the current prescription of each medication taken by a service recipient must be maintained by the facility.
- (6) All direct service staff must be trained about medications used by the service recipient. This training must include information about the purpose and function of the medications, their major side effects and contraindications, and ways to recognize signs that medication is not being taken or is ineffective.
- (7) Staff must have access to medications at all times.
- (8) For any service recipient incapable of self-administration, all medications must be administered by personnel licensed to administer medication.
- (9) Schedule II medications must be stored within two (2) separately locked compartments at all times and be accessible only to staff in charge of administering medication.
- (10) All medications and other medical preparations intended for internal or external human use must be stored in sanitary and secure medicine cabinets or medication rooms. Such cabinet or medication rooms must be kept securely locked when not in use and the key must be in the possession of the supervising nurse or other authorized staff. Locks in doors to medicine cabinets and medication rooms must require an action on the part of staff to lock and unlock.
- (11) Staff must document each time a service recipient self-administers medication or refuses a medication. This documentation must include the date, time, medication name, and dosage, as well as over the counter medication. This documentation must be made on the medication log sheet in the service recipient's chart.

**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, 33-2-302, and 33-2-404 and Executive Order 44 (February 23, 2007). **Administrative History:** Original rule filed July 27, 2000; effective October 10, 2000. Amendment filed April 11, 2003; effective June 25, 2003. Per Executive Order 44 (February 23, 2007), rule was transferred from 1200-08-22 on May 15, 2008. Repeal and new rule filed July 31, 2008; effective October 14, 2008.

**0940-05-41-.11 HEALTH PROVISIONS FOR SERVICE RECIPIENTS.**

- (1) The facility must have provisions that address the following health issues while the service recipient is at the facility:
  - (a) Nutritional needs;
  - (b) Exercise;
  - (c) Weight control;
  - (d) Adequate, uninterrupted sleep; and
  - (e) Designated smoking areas outside the building.
- (2) The facility must educate and encourage service recipients in independent exercise of hygiene, and grooming practices, as appropriate.
- (3) The facility will encourage the use of adaptive equipment including but not limited to dental appliances, eyeglasses, and hearing aids if used by 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, 33-2-302, and 33-2-404 and Executive Order 44 (February 23, 2007). **Administrative History:** Original rule July 27, 2000; effective October 10, 2000. Per Executive Order 44 (February 23, 2007), rule was transferred from 1200-08-22 on May 15, 2008. Repeal and new rule filed July 31, 2008; effective October 14, 2008.