

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

**CHAPTER 0940-05-44  
MINIMUM PROGRAM REQUIREMENTS FOR ALCOHOL AND DRUG RESIDENTIAL  
DETOXIFICATION TREATMENT FACILITIES**

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**0940-05-44-.01 DEFINITION.**

- (1) "Alcohol and Drug Residential Detoxification Treatment Facilities" means intensive twenty-four (24) hour residential treatment for service recipients to systematically reduce or eliminate the amount of a toxic agent in the body until the signs and symptoms of withdrawal are resolved. The two levels of residential detoxification treatment are (a) clinically managed detoxification treatment and (b) medically monitored detoxification treatment. Clinically managed detoxification treatment emphasizes social and peer support and relies on established clinical protocols to determine whether service recipients need a higher level of care to manage withdrawal. Medically monitored residential detoxification treatment uses medical and nursing professionals to manage withdrawal signs and symptoms without the full resources of an acute care or psychiatric hospital. Both levels of residential detoxification services can be offered in a community setting or a specialty unit within a hospital. The American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC) is used to determine the level of residential detoxification treatment that will best meet a service recipient's 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 April 27, 2000; effective July 11, 2000. Amendment filed April 11, 2003; effective June 25, 2003. Amendment filed April 28, 2003; effective July 12, 2003. Amendments filed January 4, 2006; effective March 20, 2006. Amendment filed February 7, 2007; effective April 23, 2007. Per Executive Order 44 (February 23, 2007), rule was transferred from 1200-08-23 on May 15, 2008. Repeal and new rule filed January 7, 2009; effective March 23, 2009.

**0940-05-44-.02 APPLICATION OF RULES.**

- (1) The governing body of a facility providing alcohol and drug residential detoxification treatment services 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 to four (4) or more service recipients who are not capable of self-preservation; or

(Rule 0940-05-44-.02, continued)

2. Rule 0940-05-04-.06 Residential Occupancies – Board and Care for facilities providing services to four (4) or more service recipients who are capable of self-preservation; or
  3. Rule 0940-05-04-.07 Residential Occupancies – One- and Two-Family Dwellings (Two or Three Clients) for facilities providing services to two (2) or three (3) service recipients;
- (b) Rule 0940-05-04-.09(2) Mobile Non-Ambulatory Rule if services are provided to one (1) or more mobile non-ambulatory service recipients in facilities meeting the requirements for Rule 0940-05-04-.06 Residential Occupancies – Board and Care or Rule 0940-05-04-.07 Residential Occupancies – One- and Two-Family Dwelling Occupancy;
  - (c) 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 Residential Detoxification Treatment Facilities found in Chapter 0940-05-44; and
  - (f) Use of Isolation, Mechanical Restraint, and Physical Holding Restraint in Mental Health Residential 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 April 27, 2000; effective July 11, 2000. Per Executive Order 44 (February 23, 2007), rule was transferred from 1200-08-23 on May 15, 2008. Repeal and new rule filed January 7, 2009; effective March 23, 2009.

**0940-05-44-.03 POLICIES AND PROCEDURES.**

- (1) The facility must maintain a written policy and procedures manual which includes the following:
  - (a) Intake and assessment process;
  - (b) A description of the aftercare service;
  - (c) Requirements that each employee or volunteer comply with procedures for detection, prevention, and reporting of communicable diseases according to procedures of the Tennessee Department of Health;
  - (d) Policies and procedures to ensure employees and volunteers practice standard precautions for infection control, as defined by the Centers for Disease Control (CDC);
  - (e) A quality assurance procedure which assesses the quality of care at the facility. This procedure must ensure appropriate treatment has been delivered according to acceptable clinical practice;
  - (f) Drug testing procedures if used by the facility;
  - (g) Exclusion and inclusion criteria for service recipients seeking the facility's services;
  - (h) Written admission protocols to screen for potentially aggressive or violent service recipients;

(Rule 0940-05-44-.03, continued)

- (i) Policies and procedures which address the methods for managing disruptive behavior including techniques to de-escalate anger and aggression;
- (j) If restrictive procedures are used to manage disruptive behaviors, the written policies and procedures governing this use must comply with the Tennessee Department of Mental Health and Substance Abuse Services rules in Chapter 0940-03-09 Use of Isolation, Mechanical Restraint, and Physical Holding Restraint in Mental Health Residential Treatment Facilities;
- (k) For facilities providing clinically managed detoxification, procedures to ensure an assessment on admission by trained staff using a physician-approved protocol to determine if detoxification can safely occur in a clinically managed setting;
- (l) For facilities providing clinically managed detoxification with self-administered detoxification medications, procedures for a physical examination by a physician, physician assistant or nurse practitioner as part of the initial assessment;
- (m) For facilities providing medically monitored detoxification, procedures to ensure an assessment by a licensed nurse using a physician-approved protocol, or a physician, physician assistant or nurse practitioner, to determine whether services can be safely provided in a medically monitored residential treatment setting;
- (n) For facilities providing medically monitored detoxification, procedures for a physical examination within twenty-four (24) hours of admission by a physician, physician assistant or nurse practitioner;
- (o) Procedures for referring service recipients whose needs cannot be met to an appropriate level of care at another facility or an acute care hospital;
- (p) Program admission criteria related to the results of the physical assessment;
- (q) Physician-approved protocols for service recipient observation, supervision, and determination of appropriate level of care;
- (r) Procedures and criteria for more extensive medical intervention and/or transfer to a more intensive service including an acute care hospital if a service recipient has, at a minimum, any of the following conditions:
  - 1. A history of severe withdrawal, multiple withdrawals, delirium tremens, or seizures;
  - 2. Sustained extremes in heart rate;
  - 3. Cardiac arrhythmia; and/or
  - 4. Unstable medical conditions including hypertension, diabetes, or pregnancy;
- (s) 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:
  - 1. Counseling the service recipients about TB;

(Rule 0940-05-44-.03, continued)

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; and
  3. Providing for or referring the service recipients infected by TB for appropriate medical evaluation, treatment, and case management activities;
- (t) Procedures to ensure that service recipients under age eighteen (18) will be treated separately from service recipients eighteen (18) years of age or older;
- (u) Procedures to ensure implementation of physician-approved protocols for service recipient observation and supervision and documentation of any concerns indicated by the protocol that need to be reviewed by a physician; and
- (v) 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 April 27, 2000; effective July 11, 2000. Amendment filed March 1, 2007; effective May 15, 2007. Per Executive Order 44 (February 23, 2007), rule was transferred from 1200-08-23 on May 15, 2008. Repeal and new rule filed January 7, 2009; effective March 23, 2009. Administrative corrections made to agency names in December 2022 pursuant to Public Chapter 575 of 2012.

**0940-05-44-.04 PERSONNEL AND STAFFING REQUIREMENTS.**

- (1) Direct services must be provided by qualified alcohol and drug abuse personnel.
- (2) All medical staff in facilities providing medically monitored detoxification and all direct service staff in facilities providing clinically managed detoxification must receive documented training before having unsupervised direct contact with service recipients. Training topics must include implementing physician-approved protocols for the signs and symptoms of alcohol and other drug intoxication and withdrawal; monitoring withdrawal; assessing appropriate levels of care; supportive care; preparing service recipients for ongoing treatment; and facilitating entry into ongoing care.
- (3) Facilities providing clinically managed detoxification must provide annual training to all direct service staff on supervising the self-administration of medications.
- (4) The facility must employ or retain a physician with training or experience in addiction medicine by written agreement to serve as medical consultant to the program.
- (5) The facility must have a physician, physician assistant, or nurse practitioner available twenty-four (24) hours a day by telephone for medical evaluation and consultation.

(Rule 0940-05-44-.04, continued)

- (6) The facility providing medically monitored detoxification must make available hourly or more frequent monitoring if needed by a licensed nurse.
- (7) All on-duty and on-site direct care staff must be certified in cardiopulmonary resuscitation (CPR) and trained in first aid, the abdominal thrust and standard precautions for infection control as defined by the Centers for Disease Control (CDC).
- (8) The facility must provide annual education about sexually transmitted diseases (STD), human immunodeficiency virus (HIV), and acquired immunodeficiency syndrome (AIDS) to all direct care staff.
- (9) The facility must provide direct care staff with annual training in techniques to screen for potentially aggressive or violent service recipients and training in techniques to de-escalate anger and aggression in service recipients.
- (10) The facility must maintain a direct-care awake staff to service recipient ratio on-duty and on-site of at least one (1) to twelve (12).
- (11) The facility must follow current TB Guidelines for screening and testing employees for TB infection.

**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 April 27, 2000; effective July 11, 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 1200-08-23 on May 15, 2008. Repeal and new rule filed January 7, 2009; effective March 23, 2009.

**0940-05-44-.05 SERVICE RECIPIENT ASSESSMENT REQUIREMENTS.**

- (1) The facility must document that the following assessments are completed at the time of admission; re-admission assessments must document the following information from the date of last service:
  - (a) Assessment of current functioning by trained staff according to presenting problem including addiction-focused history of the presenting problem;
  - (b) Assessment of any special needs such as co-occurring psychiatric and medical conditions, physical limitations, cognitive impairments, and support system issues;
  - (c) Basic medical history information and determination of the necessity of a medical evaluation and a copy, where applicable, of the results of the medical evaluation, as deemed necessary by the program physician;
  - (d) A physical examination by a physician, physician assistant or nurse practitioner: within twenty-four (24) hours of admission if a facility is providing medically monitored detoxification; or as part of the initial assessment if a facility is providing clinically managed detoxification with the self-administration of detoxification medications; and
  - (e) A 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 prior to admission.
- (2) If the facility provides medically monitored detoxification services, then the facility must document that the following additional assessments are completed at the time of admission;

(Rule 0940-05-44-.05, continued)

re-admission assessments must document the following information from the date of last service:

- (a) An assessment on admission by a licensed nurse;
- (b) Appropriate laboratory and toxicology tests; and
- (c) If the medically monitored detoxification services are step-down services from medically managed detoxification in an acute care hospital (ASAM Level IV-D), an evaluation within twenty-four (24) hours of admission by a physician of records of a physical examination within the preceding seven (7) 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 April 27, 2000; effective July 11, 2000. Amendment filed April 20, 2006; effective July 4, 2006. Per Executive Order 44 (February 23, 2007), rule was transferred from 1200-08-23 on May 15, 2008. Repeal and new rule filed January 7, 2009; effective March 23, 2009.

**0940-05-44-.06 INDIVIDUAL PROGRAM PLAN REQUIREMENTS.**

- (1) An Individual Program Plan (IPP) developed within twenty-four (24) hours of admission must meet the following requirements and document for each service recipient:
  - (a) The service recipient's name;
  - (b) The date of the development;
  - (c) Standardized diagnostic formulation(s) including, but not limited to, the current editions of the Diagnostic and Statistical Manual (DSM) and/or the International Statistical Classification of Diseases and Related Health Problems (ICD); and the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders (ASAM PPC).
  - (d) Treatment priorities and goals with treatment objectives to, and activities designed to, meet those objectives;
  - (e) Discharge plans for making referrals to address a service recipient's goals and needs;
  - (f) Daily, seven (7) days per week, assessment of the service recipient's progress through detoxification and any treatment changes; and
  - (g) Signatures of staff involved in treatment planning and documentation of service recipients' 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 April 27, 2000; effective July 11, 2000. Amendment filed April 30, 2003; effective July 14, 2003. Per Executive Order 44 (February 23, 2007), rule was transferred from 1200-08-23 on May 15, 2008. Repeal and new rule filed January 7, 2009; effective March 23, 2009.

**0940-05-44-.07 SERVICE RECIPIENT RECORD REQUIREMENTS.**

- (1) The individual service recipient record must include the following:

(Rule 0940-05-44-.07, continued)

- (a) Documentation on a medications log sheet of all medications prescribed or administered including date, type, dosage, frequency, amount, and reason;
- (b) A list of each individual article of each service recipient's personal property valued at \$100.00 or more including its disposition, if no longer in use;
- (c) Written accounts of all monies received and disbursed on behalf of the service recipient;
- (d) Reports of medical problems, accidents, seizures, and illnesses and treatments for such accidents, seizures, and illnesses;
- (e) Reports of significant behavior incidents;
- (f) Reports of any instance of physical holding, restrictive procedures, or restraint with documented justification and authorization;
- (g) A discharge summary which states the date of discharge, status at discharge, reasons for discharge, and referrals of service recipients and their families or significant others to the appropriate treatment resource upon completion of detoxification as appropriate; and
- (h) Documentation of a treatment protocol for detoxification and daily notes, seven (7) days per week, by qualified alcohol and drug or medical personnel that the protocol is being followed or exceptions to the 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, 33-2-302, and 33-2-404 and Executive Order 44 (February 23, 2007). **Administrative History:** Original rule filed April 27, 2000; effective July 11, 2000. Amendment filed February 18, 2003; effective May 4, 2003. Amendment filed April 30, 2003; effective July 14, 2003. Repeal and new rule filed January 4, 2006; effective March 20, 2006. Amendment filed June 21, 2007; effective September 4, 2007. Per Executive Order 44 (February 23, 2007), rule was transferred from 1200-08-23 on May 15, 2008. Repeal and new rule filed January 7, 2009; effective March 23, 2009.

**0940-05-44-.08 PROFESSIONAL SERVICES.**

- (1) The facility must offer daily treatment services necessary to assess needs, help the service recipient understand addiction and support the completion of the detoxification process.
- (2) The facility must plan for discharge to address service recipient needs as indicated in the assessment/history in the following areas: vocational, educational skills and academic performance; financial issues; cognitive, socio-emotional, and psychological issues; social, family, and peer interactions; physical health; community living skills and housing information. Such services may be provided directly by the 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 at the facility.
- (3) The facility must document either by written agreements or by program services access to an interdisciplinary team of appropriately trained clinicians (such as physicians, registered nurses, licensed practical nurses, counselors, social workers and psychologists) to assess, obtain, and interpret information regarding service recipient needs. The number and disciplines of team members must be appropriate to the range and severity of the service recipient's problem.

(Rule 0940-05-44-.08, continued)

- (4) The facility must document, either by written agreements or by program services, the provision of twenty-four (24) hours per day, seven (7) days per week availability of immediate medical evaluation and care.

**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 April 27, 2000; effective July 11, 2000. Repeal and new rule filed January 4, 2006; effective March 20, 2006. Amendment filed June 21, 2007; effective September 4, 2007. Per Executive Order 44 (February 23, 2007), rule was transferred from 1200-08-23 on May 15, 2008. Repeal and new rule filed January 7, 2009; effective March 23, 2009.

**0940-05-44-.09 SERVICE RECIPIENT MEDICATION ADMINISTRATION REQUIREMENTS.**

- (1) Facilities providing medically monitored detoxification services must provide a licensed nurse to oversee medication administration twenty-four (24) hours per day.
- (2) When supervising the self-administration of medication, the facility must consider the service recipient's self-management skills and ability.
- (3) 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 qualified prescriber.
- (4) Discontinued and outdated drugs and containers with worn, illegible, or missing labels must be disposed.
- (5) All medication errors, drug reactions, or suspected inappropriate medication use must be reported to the Medical Director of the facility who will report to the prescriber, if known.
- (6) Evidence of the current prescription of each medication taken by a service recipient must be maintained by the facility.
- (7) 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 for its prescribed purposes.
- (8) Staff must have access to medications at all times.
- (9) For any service recipient incapable of self-administration, all medications must be administered by personnel licensed to administer medication.
- (10) Schedule II drugs must be stored in a locked container within a locked compartment at all times and be accessible only to staff in charge of administering medicine.
- (11) All medications and other medical preparations intended for internal or external human use must be stored in sanitary and secure medicine cabinets or drug rooms. Such cabinets or drug 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 drug rooms must be such that they require an action on the part of staff to lock and unlock.
- (12) For facilities providing clinically managed detoxification services, staff must document each time a service recipient self-administers medication or refuses a medication, including over-the-counter medication. This documentation must include the date, time, medication name, and dosage and be entered on the medication log sheet in the service recipient's record.



(Rule 0940-05-44-.09, continued)

- (13) Before discharge, service recipients must be given instruction about dosages, appropriate use, and self-administration of medications after detoxification is complete and the service recipient leaves the residential detoxification facility.

**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 April 27, 2000; effective July 11, 2000. Per Executive Order 44 (February 23, 2007), rule was transferred from 1200-8-23 on May 15, 2008. Repeal and new rule filed January 7, 2009; effective March 23, 2009.

#### **0940-05-44-.10 RECREATIONAL ACTIVITY PROVISIONS.**

- (1) The facility must provide opportunities for recreational activities appropriate to and adapted to the needs, interests, and ages of the service recipients being served.

**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 April 27, 2000; effective July 11, 2000. Amendment filed April 11, 2003; effective June 25, 2003. Per Executive Order 44 (February 23, 2007), rule was transferred from 1200-08-23 on May 15, 2008. Repeal and new rule filed January 7, 2009; effective March 23, 2009.

#### **0940-05-44-.11 SERVICE RECIPIENT HEALTH, HYGIENE, AND GROOMING PROVISIONS.**

- (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 assist service recipients in independent exercise of health, hygiene, and grooming practices.
- (3) The facility must encourage the use of dental appliances, eyeglasses, and hearing aids, if used by service recipients.
- (4) The facility must encourage each service recipient to maintain a well-groomed and clean appearance that is age and activity appropriate and within reason of current acceptable styles of grooming, dressing, and appearance.

**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 April 27, 2000; effective July 11, 2000. Per Executive Order 44 (February 23, 2007), rule was transferred from 1200-08-23 on May 15, 2008. Repeal and new rule filed January 7, 2009; effective March 23, 2009.

#### **0940-05-44-.12 REPEALED**

**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 Number 44 (February 23, 2007). **Administrative History:** Original rule

(Rule 0940-05-44-.12, continued)

*filed April 27, 2000; effective July 11, 2000. Amendment filed April 28, 2003; effective July 12, 2003. Repeal and new rule filed January 4, 2006; effective March 20, 2006. Amendment filed February 7, 2007; effective April 23, 2007. Per Executive Order 44 (February 23, 2007), rule was transferred from 1200-08-23 on May 15, 2008. Repeal filed January 7, 2009; effective March 23, 2009.*

**0940-05-44-.13 REPEALED.**

**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 Number 44 (February 23, 2007). **Administrative History:** Original rule filed April 27, 2000; effective July 11, 2000. Per Executive Order 44 (February 23, 2007), rule was transferred from 1200-08-23 on May 15, 2008. Repeal filed January 7, 2009; effective March 23, 2009.

**0940-05-44-.14 REPEALED.**

**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 Number 44 (February 23, 2007). **Administrative History:** Original rule filed February 16, 2007; effective May 2, 2007. Per Executive Order 44 (February 23, 2007), rule was transferred from 1200-08-23 on May 15, 2008. Repeal filed January 7, 2009; effective March 23, 2009.