

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

**CHAPTER 0940-05-46
MINIMUM PROGRAM REQUIREMENTS FOR
ALCOHOL AND DRUG RESIDENTIAL TREATMENT FACILITIES FOR CHILDREN AND YOUTH**

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0940-05-46-.01 DEFINITION.

- (1) "Alcohol and Drug Residential Treatment Facilities for Children and Youth" means a residential program which offers twenty-four (24) hour treatment to service recipients under eighteen (18) years of age with the primary purpose of restoring service recipients with alcohol and/or drug abuse or dependency disorders to abstinence and levels of positive functioning appropriate to the service recipient. An important goal of these services is to move the service recipient into less intensive levels of care and/or reintegration in to the community. 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, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-403, and 33-2-404 and Executive Order Number 44 (February 23, 2007). **Administrative History:** Original rule filed July 31, 2008; effective October 14, 2008.

0940-05-46-.02 APPLICATION OF RULES.

- (1) The governing body of a residential treatment program must comply with the following rules:
- (a) Applicable occupancy rules found in Chapter 0940-05-04: Life Safety Health Care Occupancies for facilities providing services to four (4) or more service recipients who are not capable of self-preservation; Life Safety Board and Care Occupancies for facilities providing services to four (4) or more service recipients; or Life Safety One- and Two-Family Dwellings Occupancies 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 Board and Care or One- and Two-Family Dwelling Occupancy and services are provided to one (1) or more mobile non-ambulatory service recipients, then Rule 0940-05-04-.09(2) Mobile Non-Ambulatory Rule;
 - (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 Treatment Facilities for Children and Youth found in Chapter 0940-05-46; and

(Rule 0940-05-46-.02, continued)

- (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, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-403, and 33-2-404 and Executive Order Number 44 (February 23, 2007). **Administrative History:** Original rule filed July 31, 2008; effective October 14, 2008.

0940-05-46-.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) 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) A policy ensuring that employees and volunteers practice standard precautions for infection control as specified by the Centers for Disease Control;
 - (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 clinical practice;
 - (f) Drug testing procedures if used by the facility;
 - (g) Eligibility criteria including exclusion criteria for service recipients not appropriate for the facility's services;
 - (h) Policies 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 procedure for notifying the Office of Licensure upon the eighteenth birthday of the service recipient with a plan that targets discharge within ninety (90) days. If the treatment extends beyond ninety (90) days past the service recipient's eighteenth birthday, a waiver must be sought from the Department;
 - (j) 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;
 - 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; and
 - (k) 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

(Rule 0940-05-46-.03, continued)

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;
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.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-403, and 33-2-404 and Executive Order Number 44 (February 23, 2007). **Administrative History:** Original 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.

0940-05-46-.04 PERSONNEL AND STAFFING REQUIREMENTS.

- (1) Direct treatment and/or rehabilitation services must be provided by qualified alcohol and drug abuse personnel.
- (2) A physician or a nurse with training and/or experience in child and adolescent development and addiction must be employed or retained by written agreement to serve as medical consultant to the program.
- (3) If the consulting physician is not a psychiatrist, then the facility must arrange for the regular, consultative, and emergency services of a licensed psychiatrist.
- (4) Specialized training will be provided to staff on symptoms of addiction, sexuality, reproductive health, and sexually transmitted diseases.
- (5) At least two (2) staff members must be on-duty at all times who are certified in cardiopulmonary resuscitation (CPR) and trained in first aid, the abdominal thrust technique, and standard precautions for infection control as specified by the Centers for Disease Control (CDC).
- (6) The facility must provide annual training to all direct care staff on how to manage medical and psychiatric crises.
- (7) The facility must provide annual training to all direct care staff on issues pertinent to childhood and adolescence such as treatment approaches specific to adolescents and families, family dynamics and family therapy, adolescent growth and development, sexual and physical abuse, gender issues, mental health problems, different cultural and ethical values, psychopharmacology, referral and community resources, cognitive impairments and legal matters.
- (8) The facility must provide at least three (3) hours of training annually on ethics related to children and adolescents.

(Rule 0940-05-46-.04, continued)

- (9) The facility must have a written weekly schedule of all program services and service recipient activities for each day specifying the type of service/activities and scheduled times.
- (10) During normal waking hours the program must provide at least one (1) staff person on-duty and on-site for each ten (10) 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 two (2) awake direct care staff 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.
- (11) Service recipients must be adequately supervised at all times based on environment, circumstance, the service recipient's treatment plan or other specific needs or risks.
- (12) The facility must provide STD/HIV education to all direct care staff.
- (13) All new employees, including volunteers, who have routine contact with service recipients, must have a current tuberculosis test prior to direct patient contact.
- (14) The facility must follow current TB Guidelines for screening and testing employees for TB infection;
- (15) 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
- (16) 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, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-403, and 33-2-404 and Executive Order Number 44 (February 23, 2007). **Administrative History:** Original rule filed July 31, 2008; effective October 14, 2008.

0940-05-46-.05 ASSESSMENT REQUIREMENTS.

- (1) The facility must document that the following assessments have been 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; a determination of the necessity of a medical evaluation; and a copy, where applicable, of the results of the medical evaluation if deemed necessary by the program physician;
 - (c) Screening to identify service recipients who are at high risk for infection with TB according to TB Guidelines, including documentation of the service recipient's risk level 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, including vocational, educational skills and academic performance; financial issues; socio-emotional, cognitive, and psychological issues;

(Rule 0940-05-46-.05, continued)

social, family, and peer interactions; physical health; legal; community living skills and housing information; and the impact of alcohol and/or drug abuse or dependency on each area of the service recipient's life functioning and development;

- (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; and
- (f) Assessment of whether the 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, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-403, and 33-2-404 and Executive Order Number 44 (February 23, 2007). **Administrative History:** Original rule filed July 31, 2008; effective October 14, 2008.

0940-05-46-.06 INDIVIDUAL PROGRAM PLAN (IPP) AND REVIEW 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 development;
 - (c) Standardized diagnostic formulation(s) including but not limited to the current Diagnostic and Statistical Manual (DSM) and/or the International Statistical Classification of Diseases and Related Health Problems (ICD), and another appropriate measure for adolescent alcohol and/or drug abuse or dependency;
 - (d) Specific service recipient and family problems (such as substance use, psychosocial, medical, sexual, reproductive, and possible psychiatric issues) to be addressed within the particular service/program component;
 - (e) Specific strengths and resources of the service recipient and family and ways to apply them to reach treatment goals;
 - (f) Service recipient's goals that are related to specific problems and that are to be addressed within the particular service/program component;
 - (g) Interventions addressing goals, including helping them recognize their involvement in substance use and acknowledge responsibility for the problems resulting from substance use; and the staff responsible for implementing the interventions;
 - (h) Planned frequency of contact;
 - (i) Signatures of appropriate staff;
 - (j) Documentation of participation of service recipient and parent/guardian/legal custodian or conservator, where appropriate, in the treatment planning process or, if any of the parties refuse to participate, reasons for their refusal; and
 - (k) A plan for family members' involvement in the service recipient's treatment, if appropriate.

(Rule 0940-05-46-.06, continued)

- (2) 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.
- (3) The facility must review and, if indicated, revise the IPP at least every thirty (30) days.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-403, and 33-2-404 and Executive Order Number 44 (February 23, 2007). **Administrative History:** Original rule filed July 31, 2008; effective October 14, 2008.

0940-05-46-.07 RECORD REQUIREMENTS.

- (1) The service recipient's record must contain the following information:
 - (a) Documentation of the IPP and the Individualized Education Program (IEP), if required, and their implementation;
 - (b) Daily progress notes which include written documentation of service recipient progress and changes which have occurred within the IPP. The progress notes must be dated and include the signature, title or degree of the person who provided the service;
 - (c) Documentation on a medications log sheet of all drugs prescribed and/or administered by the facility with date prescribed, type, dosage, frequency, amount, and reason;
 - (d) Narrative summary review at least every thirty (30) days of all medications prescribed which includes specific reasons for prescribing and 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, medical problems, accidents, seizures, and illnesses, and any reports generated as the result;
 - (h) Results of assessments required by this Rule;
 - (i) Discharge summary which states the date of discharge, reasons for discharge, service recipient's condition at the time of discharge, referral for other services, if appropriate, and signature of person preparing the summary;
 - (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 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) 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 declined 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;

(Rule 0940-05-46-.07, continued)

- (l) Appropriate authorizations for the release and obtaining of information about the service recipient; and
- (m) Contact person and means of contact in case of emergency.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-403, and 33-2-404 and Executive Order Number 44 (February 23, 2007). **Administrative History:** Original rule filed July 31, 2008; effective October 14, 2008.

0940-05-46-.08 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 vocational, educational skills and academic performance; financial issues; cognitive, socio-emotional, and psychological issues; social, family, and peer interactions; physical health; legal; 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 the individual service recipient must be documented in the service recipient record at the facility.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-403, and 33-2-404 and Executive Order Number 44 (February 23, 2007). **Administrative History:** Original rule filed July 31, 2008; effective October 14, 2008.

0940-05-46-.09 EMERGENCY SERVICES.

- (1) In case of medical or other type of emergency, the facility must secure emergency services and immediate access to relevant information for treatment in the service recipient's record.
- (2) The program must provide immediate notification to the parent, guardian, or legal custodian in case of emergency.
- (3) The program must secure emergency services for service recipients who pose an imminent physical danger to themselves or others as provided in T.C.A. § 33-6-401.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-403, and 33-2-404 and Executive Order Number 44 (February 23, 2007). **Administrative History:** Original rule filed July 31, 2008; effective October 14, 2008.

0940-05-46-.10 MEDICATION ADMINISTRATION REQUIREMENTS.

- (1) Medications must be administered by licensed medical or licensed nursing personnel or other qualified staff under a protocol approved by medical staff. Qualified personnel under these rules means a certified or registered respiratory therapist, a radiological technologist, or certified physician assistant practicing within the scope of their professional license or certification.
- (2) Qualified personnel must have access to medications at all times.
- (3) Evidence of the current prescription of each medication taken by a service recipient must be maintained by the facility.
- (4) 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.

(Rule 0940-05-46-.10, continued)

- (5) All medication errors, medication reactions, or suspected inappropriate medication use must be reported to the Medical Director of the facility who will then report to the prescriber, if known.
- (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) Discontinued and outdated medications and containers with worn, illegible, or missing labels must be disposed of according to law.
- (8) Schedule II medications must be stored in two (2) separately locked compartments at all times and be accessible only to staff in charge of administering medication.
- (9) 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 cabinet 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.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-403, and 33-2-404 and Executive Order Number 44 (February 23, 2007). **Administrative History:** Original rule filed July 31, 2008; effective October 14, 2008.

0940-05-46-.11 RECREATIONAL ACTIVITY.

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

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-403, and 33-2-404 and Executive Order Number 44 (February 23, 2007). **Administrative History:** Original rule filed July 31, 2008; effective October 14, 2008.

0940-05-46-.12 HEALTH, HYGIENE, AND GROOMING 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; and
 - (d) Adequate, uninterrupted sleep.
- (2) The facility must educate and encourage the independent exercise of health, hygiene, and grooming practices, as appropriate.
- (3) The facility must encourage the use of, including but not limited to, dental appliances, eyeglasses, and hearing aids, if used by the service recipient.

(Rule 0940-05-46-.12, continued)

- (4) The facility must encourage each service recipient to maintain a well-groomed and clean appearance that is age and activity appropriate.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-403, and 33-2-404 and Executive Order Number 44 (February 23, 2007). **Administrative History:** Original rule filed July 31, 2008; effective October 14, 2008.