

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

**CHAPTER 0940-05-47
MINIMUM PROGRAM REQUIREMENTS FOR ALCOHOL AND DRUG OUTPATIENT
DETOXIFICATION TREATMENT FACILITIES**

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0940-05-47-.01 DEFINITIONS.

- (1) "Alcohol and Drug Outpatient Detoxification Treatment Facilities" means organized outpatient services 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. Outpatient detoxification treatment services are provided in regularly scheduled sessions in an office setting, health care or addiction treatment facility. The American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC) is used to determine the level of outpatient detoxification services that will best meet a service recipient's needs.
- (2) "Level II-D services with extended on-site monitoring" means outpatient services with daily assessment of progress during detoxification including serial nursing assessments using appropriate measures of withdrawal. This level of service is appropriate for service recipients at moderate risk of severe withdrawal syndrome who would safely respond to several hours of monitoring, medication and treatment.
- (3) "Level II-D services without extended on-site monitoring" means outpatient services that may be provided daily or less frequently to service recipients with a minimal risk of severe withdrawal syndrome.

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 33-2-403 and Executive Order Number 44 (February 23, 2007). **Administrative History:** Original rule filed January 7, 2009; effective March 23, 2009.

0940-05-47-.02 APPLICATION OF RULES.

- (1) The governing body of alcohol and drug outpatient detoxification treatment facilities must provide services and facilities which comply with the following rules:
 - (a) Chapter 0940-05-04-.04(2) Life Safety Business Occupancies Rule;
 - (b) Chapter 0940-05-05 Adequacy of Facility Environment and Ancillary Services;
 - (c) Chapter 0940-05-06 Minimum Program Requirements for All Facilities;
 - (d) Chapter 0940-05-47 Minimum Program Requirements for Alcohol and Drug Outpatient Detoxification Treatment Facilities; and

(Rule 0940-05-47-.02, continued)

- (e) Chapter 0940-05-04-.09 Mobile Non-Ambulatory Rule if services are to be provided to one (1) or more mobile non-ambulatory 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, 33-2-302, and 33-2-403 and Executive Order Number 44 (February 23, 2007). **Administrative History:** Original rule filed January 7, 2009; effective March 23, 2009.

0940-05-47-.03 POLICIES AND PROCEDURES.

- (1) The facility must maintain a written policy and procedure manual which includes the following:
 - (a) A description of the intake, assessment, and treatment 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) Program admission criteria related to the results of the physical assessment;
 - (i) Written admission protocols to screen for potentially aggressive or violent service recipients;
 - (j) Policies and procedures which address the methods for managing disruptive behavior including techniques to deescalate anger and aggression;
 - (k) If restrictive procedures are used to manage disruptive behaviors, policies and procedures that govern their use and minimally ensure the following:
 - 1. Any restrictive procedure must be used by the facility only after all less-restrictive alternatives for dealing with the problem behavior have been systematically tried or considered and have been determined to be inappropriate or ineffective;
 - 2. The service recipient must have given written consent to any restrictive measures taken with him/her by the staff;
 - 3. The restrictive procedure(s) must be documented in the individual program plan, be justifiable as part of the plan, and meet all requirements that govern the development and review of the plan;
 - 4. Only qualified personnel may use restrictive procedures and must be adequately trained in their use; and

(Rule 0940-05-47-.03, continued)

5. The adaptive or desirable behavior must be taught to the service recipient in conjunction with the implementation of the restrictive procedures.
- (l) If physical holding is used, a policy that requires it to be implemented in such a way as to minimize any physical harm to the service recipient and may only be used when the service recipient poses an immediate threat under the following conditions:
 1. The service recipient poses an immediate danger to self or others; and/or
 2. To prevent the service recipient from causing significant property damage.
- (m) Procedures for a physical examination by a physician, physician assistant or nurse practitioner as part of the initial assessment to determine the safety of providing detoxification services in an outpatient setting in accordance with Rule 0940-05-47-.05 Service Recipient Assessment Requirements.
- (n) Physician-approved protocols for service recipient observation, supervision, determination of appropriate level of care, and documentation of any concerns indicated by the protocol that need to be reviewed by a physician.
- (o) 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;
 4. Sustained extremes in blood pressure;
 5. Unstable medical conditions including hypertension, diabetes or pregnancy.
- (p) Procedures to ensure that service recipients under age eighteen (18) will be treated separately from service recipients eighteen (18) years of age or older; and
- (q) 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 Services, 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; and
 3. Providing for or referring the service recipients infected by TB for appropriate medical evaluation, treatment, and case management activities.

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

(Rule 0940-05-47-.03, continued)

*33-2-403 and Executive Order Number 44 (February 23, 2007). **Administrative History:** Original 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.*

0940-05-47-.04 PERSONNEL AND STAFFING REQUIREMENTS.

- (1) Direct services must be provided by qualified alcohol and drug abuse personnel.
- (2) All direct service staff in facilities providing alcohol and drug outpatient treatment detoxification services 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 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.
- (6) The facility must have medical or nursing personnel to conduct a medical screening of service recipients to evaluate and confirm that detoxification in an outpatient setting is relatively safe for that service recipient.
- (7) Facilities providing Level II-D services with extended on-site monitoring must have medical or nursing personnel available for daily (seven days per week) monitoring, assessment, and management of symptoms of withdrawal and intoxication.
- (8) The facility must provide at least two (2) on-duty and on-site staff members 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).
- (9) 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
- (10) 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 deescalate anger and aggression in service recipients.
- (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 33-2-403 and Executive Order Number 44 (February 23, 2007). **Administrative History:** Original rule filed January 7, 2009; effective March 23, 2009.

0940-05-47-.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) An 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 medical assessment to determine the necessity of a medical evaluation; and a copy, where applicable, of the results of the medical evaluation;
 - (d) A physical examination by a physician, physician assistant or nurse practitioner within twenty-four (24) hours of admission; and
 - (e) A history prior to admission 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.

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 33-2-403 and Executive Order Number 44 (February 23, 2007). **Administrative History:** Original rule filed January 7, 2009; effective March 23, 2009.

0940-05-47-.06 INDIVIDUAL PROGRAM PLAN REQUIREMENTS.

- (1) An Individual Program Plan (IPP) must be developed and documented for each service recipient within twenty-four (24) hours of admission and must include the following requirements:
 - (a) The service recipient's name;
 - (b) The date of 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 and activities designed to meet those objectives;
 - (e) Discharge plans for making referrals to address a service recipient's goals and needs;
 - (f) Assessment of 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 33-2-403 and Executive Order Number 44 (February 23, 2007). **Administrative History:** Original rule filed January 7, 2009; effective March 23, 2009.

0940-05-47-.07 SERVICE RECIPIENT RECORD REQUIREMENTS.

- (1) The individual's service recipient record must include the following:
 - (a) Documentation on a medications log sheet of all medications prescribed or administered including date, type, dosage, frequency, amount, and reason;
 - (b) Documentation of a treatment protocol and schedule for detoxification and notes by qualified alcohol and drug or medical personnel that the protocol and schedule is being followed or exceptions to the protocol and schedule;
 - (c) For facilities providing Level II-D extended on-site monitoring, documentation of daily (seven days per week) nursing assessments of withdrawal, progress during detoxification, and any treatment changes;
 - (d) Reports of medical problems, accidents, seizures, illnesses and treatments for such accidents, seizures, and illnesses;
 - (e) Reports of significant behavior incidents;
 - (f) Reports of any instance of physical holding or restrictive procedures with documented justification and authorization; and
 - (g) A discharge plan which states the date of discharge, status at discharge, reasons for discharge, and referral of the service recipient and their family or significant others to other services, as appropriate.

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 33-2-403 and Executive Order Number 44 (February 23, 2007). **Administrative History:** Original rule filed January 7, 2009; effective March 23, 2009.

0940-05-47-.08 PROFESSIONAL SERVICES.

- (1) The facility must provide outpatient treatment services necessary to assess needs, help the service recipient understand addiction and support the completion of the detoxification process.
- (2) Service recipients must be given instruction about dosages, appropriate use, and self-administration of medications.
- (3) The facility must plan for discharge to address service recipient needs as indicated in the assessment/history in the 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.
- (4) 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 0940-05-47-.08, continued)

- (5) The facility must document, either by written agreements or by program services, the provision of twenty-four (24) hour a day, seven (7) day a 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 33-2-403 and Executive Order Number 44 (February 23, 2007). **Administrative History:** Original rule filed January 7, 2009; effective March 23, 2009.

0940-05-47-.09 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 qualified prescriber.
- (3) Discontinued and outdated medication and containers with worn, illegible, or missing labels must be disposed.
- (4) 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.
- (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 as prescribed or is ineffective for its prescribed purpose.
- (7) Staff must have access to medications at all times.
- (8) 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 medication.
- (9) 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 record.
- (10) For any service recipient incapable of self-administration, all medications must be administered by personnel licensed to administer medication.
- (11) All medications and other medical preparations intended for internal or external 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, 4-5-204, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 33-2-302, and 33-2-403 and Executive Order Number 44 (February 23, 2007). **Administrative History:** Original rule filed January 7, 2009; effective March 23, 2009.