

**RULES
OF THE
TENNESSEE DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
OFFICE OF LICENSURE**

**CHAPTER 0465-02-11
MINIMUM PROGRAM REQUIREMENTS FOR INTELLECTUAL AND DEVELOPMENTAL
DISABILITIES RESIDENTIAL HABILITATION FACILITIES/SERVICES**

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0465-02-11-.01 HEALTH, SAFETY, AND WELFARE SAFEGUARDS.

- (1) The facility must provide or procure assistance for the person supported in locating qualified dental, medical, nursing, and pharmaceutical care including care for emergencies.
- (2) The facility must ensure that each person supported receives an annual physical examination (unless less often is indicated by the physician of the person supported), which includes routine screenings (such as vision and hearing) and laboratory examinations (such as Pap smear, mammogram, prostate screening, and blood work) as determined necessary by the physician and special studies where the index of suspicion is high.
- (3) The facility must ensure that each person supported receives dental examinations and treatment as prescribed by the physician.
- (4) The facility must require that a person supported receives immunizations as required by the Department of Health, unless contraindicated by a doctor's written orders.
- (5) The facility must ensure that each person supported has a physical examination within the twelve (12) months prior to admission or within thirty (30) days after admission.
- (6) The facility must ensure that employees practice infection control procedures that will protect the person supported from infectious diseases.
- (7) The facility must enable the person supported or his/her legal representative (conservator, parent, guardian, or legal custodian) to choose a personal physician for routine services.
- (8) The facility must insure that appropriate corrective actions have been taken in response to substantiated abuse or neglect.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-11-.02 PERSONNEL AND STAFFING.

- (1) The facility must provide one (1) direct support staff member for every ten (10) persons supported present in the facility.

(Rule 0465-02-11-.02, continued)

- (2) Employees shall be screened or tested for tuberculosis according to the procedures of the Tennessee Department of Health. Documentation of such screening or testing shall be maintained in the employee's personnel file.
- (3) The facility must document that the Hepatitis B vaccine is made available to direct support staff.
- (4) Employees must be provided with a basic orientation in the specific needs of a person supported prior to being assigned to work with him/her.
- (5) The facility must provide at all times at least one (1) on-duty staff member who is certified in First Aid and Cardiopulmonary Resuscitation (CPR).
- (6) All employees must receive training in detection, reporting, and prevention of abuse. This training must be documented in the employee's record.
- (7) All professional services must be provided by individuals duly licensed or certified to practice their profession in the State of Tennessee.
- (8) Persons supported must never be left unattended unless otherwise specified in his/her ISP. Approval by appropriate staff must be documented in the record of the person supported.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-11-.03 PERSON SUPPORTED RECORDS.

- (1) The record of each person supported must contain the following information:
 - (a) A recent photograph and a description of the person supported;
 - (b) Social security number of the person supported;
 - (c) The legal competency status of the person supported, including the name of his/her legal representative (conservator, parent, guardian, or legal custodian), if applicable;
 - (d) The sources of financial support of the person supported, including social security, veteran's benefits, and insurance;
 - (e) The sources of coverage for medical care costs of the person supported;
 - (f) The name, address and telephone number of the physician or health agency providing medical services for the person supported;
 - (g) Documentation of all medications prescribed or administered by the facility to the person supported, which indicates date prescribed, type, dosage, frequency, amount, reason, and side effects;
 - (h) Documentation of medical problems, accidents, seizures and illnesses of the person supported and treatments for such medical problems, accidents, seizures and illnesses while the person supported is in the care of the facility;

(Rule 0465-02-11-.03, continued)

- (i) Documentation of significant behavior incidents and of actions taken while the person supported is in the care of facility staff;
- (j) Documentation of the use of restrictive behavior-management techniques while the person supported is in the care of facility staff;
- (k) A list of each individual article of personal property of the person supported, valued at one hundred dollars (\$100) or more including its disposition, if no longer in use;
- (l) Written accounts of all monies received and disbursed on behalf of the person supported; and
- (m) A discharge summary of the person supported, which states the date of discharge, reasons for discharge, and referral for other services, if appropriate.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-11-.04 MEDICATION ADMINISTRATION.

- (1) When medications are administered by certified staff to persons supported the licensee must:
 - (a) Consider the ability and training of the person supported, when supervising the self-administration of medication;
 - (b) Ensure that prescription medications are taken only by the person supported for whom they are prescribed, and in accordance with the directions of a physician;
 - (c) Provide storage for medications in a locked container, which ensures proper conditions of security and sanitation, and prevents accessibility to any unauthorized individual;
 - (d) Assure the disposal of discontinued and outdated medications and containers with worn, illegible or missing labels; and
 - (e) Report all medication variance (errors), medication reactions, or suspected side effects to the practitioner who prescribed the medication.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-11-.05 SUPPORTS AND SERVICES.

- (1) The facility must provide supports and services that comply with the following:
 - (a) Activities available to persons supported throughout the day must be based on the preferences and interests of each person supported;
 - (b) Activities have an identifiable purpose and are of meaningful activity;
 - (c) The physical and nutritional needs of the persons supported are addressed;
 - (d) Persons supported who have eating/swallowing diagnoses are identified and the identified diagnoses are addressed;

(Rule 0465-02-11-.05, continued)

- (e) Special diets and mealtime practices are implemented as needed;
- (f) Persons supported must have access to prescribed adapted equipment and/or assistive technology;
- (g) Equipment is monitored to determine proper fit, working order and need for repair;
- (h) Equipment storage is available if needed; and
- (i) Persons supported must be provided assistance in the use and protection of money.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-11-.06 PERSONAL SUPPORT AND ASSISTANCE.

- (1) The facility must provide persons supported with the level of support and assistance needed in a private and dignified manner.
- (2) The facility must provide persons supported with the level of support and assistance needed in the use of dental appliances, eyeglasses, and hearing aids.
- (3) The facility must be responsible for the implementation of all physicians' orders.
- (4) The facility must assist each person supported in securing an adequate amount of personally owned, clean and seasonal clothes that are of correct size.
- (5) Each person supported must be provided the level of support and assistance needed to purchase and select his/her own clothes.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-11-.07 RECREATIONAL ACTIVITIES.

The facility must ensure that opportunities are provided for recreational activities, which are appropriate and adapted to the needs, interests, and age of the persons supported.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-11-.08 DAY ACTIVITIES.

- (1) The facility must ensure that day activities are provided or procured. Such day activities must take into account the age, interests, abilities and needed supports of the person supported and be provided in accordance with an ISP.

(Rule 0465-02-11-.08, continued)

- (2) If the person supported attends a school or day program provided outside of the facility, the facility's staff must participate with the school personnel in developing an individual education plan or with the day program staff in developing an ISP, as appropriate.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-11-.09 ASSESSMENTS.

- (1) The following assessments of the person supported must be completed prior to development of the ISP:
 - (a) An assessment of current capabilities in such areas as adaptive behavior and independent living skills;
 - (b) A 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;
 - (c) A six (6) month history of prescription and non-prescription medications, and an alcohol and substance abuse history; and
 - (d) An existing psychological assessment on file which is updated as recommended by the ISP team.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-11-.10 INDIVIDUAL SUPPORT PLAN (ISP) TEAM.

- (1) The licensee must ensure that an ISP team known as the Circle of Support is identified and provided for each person supported. The team may include the following as determined by the person supported:
 - (a) The person supported;
 - (b) The legal representative (conservator, parent, guardian, or legal custodian) of the person supported, if applicable, unless their inability or unwillingness to attend is documented;
 - (c) Appropriate provider staff;
 - (d) Relevant professionals or individuals, unless their inability to attend is documented;
 - (e) Friends, advocates and other non-paid supports, if applicable; and
 - (f) The Independent Support Coordinator/Case Manager.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-11-.11 INDIVIDUAL SUPPORT PLAN (ISP) DEVELOPMENT AND IMPLEMENTATION.

- (1) The facility must ensure that a written, ISP is provided and implemented for each person supported within thirty (30) days of admission. The ISP must include the following:
 - (a) The name of the person supported;
 - (b) The date of plan development;
 - (c) Goals and outcomes to be addressed which are related to the specific needs and preferences of the person supported;
 - (d) Interventions that address specific goals and outcomes, identify staff responsible for interventions and planned frequency of contacts;
 - (e) The facility must maintain documentation that supports the implementation and results of the ISP of the person supported;
 - (f) Signature(s) of staff who develop the ISP and the primary staff responsible for its implementation; and
 - (g) Signature of the person supported (and/or legal guardian or documentation of reasons for refusal to sign and/or inability to participate in ISP development.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-11-.12 INDIVIDUAL SUPPORT PLAN (ISP) MONITORING AND REVIEW.

- (1) Written progress notes must be maintained, which include at least quarterly reviews of progress or changes occurring in the ISP.
- (2) Changes relative to health, safety, and implementation of outcome based services must be assessed on an ongoing basis and reflected within the quarterly reviews.
- (3) The ISP team must review the ISP annually and revise, as necessary.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-11-.13 USE OF RESTRICTED BEHAVIOR INTERVENTIONS.

- (1) The facility must ensure that restricted behavior interventions are not provided until unrestricted interventions have been systematically tried or considered and have been determined to be inappropriate or otherwise contraindicated.
- (2) The facility must ensure that restricted behavior interventions are only provided through an approved written intervention plan.
- (3) If restricted interventions are provided, the written intervention plan must:
 - (a) Be based upon a functional assessment;

(Rule 0465-02-11-.13, continued)

- (b) Utilize the least intrusive effective intervention that supports the person supported in developing alternative behaviors;
- (c) Include procedures to reinforce the person supported for interacting in more adaptive, effective ways so that the need for the challenging behavior is reduced;
- (d) Include information on the functional assessment, treatment rationale, procedures, generalization and maintenance strategies, data collection, and schedule for progress review;
- (e) Include measurable criteria for fading or removing the restricted intervention based on progress;
- (f) Clearly define all responsibilities for implementing components of the plan;
- (g) Clearly describe for staff:
 - 1. The description of the behavior;
 - 2. Situations in which the behavior is likely to occur;
 - 3. Signs and signals that occur prior to the behavior and what staff should do to reduce the likelihood of the behavior occurring;
 - 4. How staff should respond when the behavior occurs;
 - 5. What staff should do to encourage appropriate responses;
 - 6. What information staff should document; and
 - 7. Crisis intervention or emergency procedures, as applicable;
- (4) The facility must ensure that the written intervention plan is reviewed and approved by appropriately constituted Behavior Support and Human Rights Committees prior to its implementation.
- (5) The facility must ensure that staff who implement the written intervention plan are trained to competency on implementing the plan.
- (6) The facility must ensure that staff implementation of the plan is monitored regularly and reported as part of progress notes at least monthly.
- (7) The facility must ensure that in the provision of behavior services, restraint or protective equipment is used only to protect the person supported or others from harm and when other less intrusive methods have been ineffective or are contraindicated.
- (8) The facility must ensure that in the provision of behavior services, the programmatic restraint or protective equipment is used only as part of any approved intervention plan for which consent has been obtained.
- (9) The facility does not employ the following devices or practices in the provision of behavior services:

(Rule 0465-02-11-.13, continued)

- (a) Restraint vests, camisoles, body wraps;
- (b) Devices that are used to tie or secure a wrist or ankle to prevent movement;
- (c) Restraint chairs or chairs with devices that prevent movement;
- (d) Removal of mobility aids, such as a wheelchair or walker, of the person supported;
- (e) Protective equipment that restricts or prevents movement or the customary use/functioning of the body or body part to which it is applied;
- (f) Protective equipment that impairs or inhibits visual or auditory capabilities or prevents or impairs speech or other communication modalities;
- (g) Any actions, including seclusion or restraints imposed as a means of coercion, discipline, convenience or retaliation;
- (h) Corporal punishment, denial of a nutritionally balanced diet or any other procedures that may result in physical or emotional harm to the person supported;
- (i) Restraint rooms; and
- (j) Aversive stimuli.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-11-.14 USE OF RESTRICTIVE BEHAVIOR MANAGEMENT.

- (1) No procedures shall be used for behavior management which results in physical or emotional harm to the person supported.
- (2) Corporal punishment, seclusion, aversive stimuli, chemical restraint, and denial of a nutritionally adequate diet shall not be used.
- (3) Restraint (physical holding, mechanical restraint), medications for behavior management, time-out rooms, or other techniques with similar degrees of restriction or intrusion must not be employed except as an integral part of an ISP.
- (4) Restrictive or intrusive behavior management procedures must not be used until after less restrictive alternatives for dealing with the problem behavior have been systematically tried or considered and have been determined to be inappropriate or ineffective.
- (5) Prior to the implementation of a written program or behavior support plan incorporating the use of a highly restrictive or intrusive technique, the program plan must be reviewed and approved by the person supported or his/her legal representative (conservator, parent, guardian, or legal custodian), with documentation of such approval. A Human Rights Committee must also review and approve the written program.
- (6) When procedures such as physical holding, mechanical restraint, and time-out are used in emergency situations to prevent the person supported from inflicting bodily harm, more than three (3) times within six (6) months, a behavioral assessment shall be conducted by an appropriate professional. Recommendations shall be incorporated into a written plan that is part of the ISP.

(Rule 0465-02-11-.14, continued)

- (7) Behavior management medications may be used only when authorized in writing by a physician for a specific period of time.
- (8) The program plan for the use of a mechanical restraint must specify the extent and frequency of the monitoring schedule according to the type and design of the device and the condition of the person supported.
- (9) A person supported who is placed in a mechanical restraint must be released for a minimum of ten (10) minutes at least every two (2) hours and provided with an opportunity for freedom of movement, exercise, liquid intake/refreshment, nourishment, and use of the bathroom.
- (10) Physical restraint/physical holding may be used only until the person supported is calm.
- (11) A person supported who is placed in time-out must be released after a period of not more than sixty (60) minutes.
- (12) The ability of a person supported to exit from time-out must not be prevented by means of keyed or other locks, and locations used for time-out must allow for the immediate entry of staff.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-11-.15 USE OF PSYCHOTROPIC MEDICATIONS.

- (1) The facility must obtain the following when psychotropic medications are used:
 - (a) A diagnosis that is based on a comprehensive psychiatric assessment; and
 - (b) Reasons for prescribing medications.
- (2) The facility must ensure that there is informed consent from the person supported or his/her legal representative (conservator, parent, guardian, or legal custodian) prior to utilizing psychotropic medications.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.