

**RULES  
OF  
TENNESSEE DEPARTMENT OF MENTAL HEALTH  
AND MENTAL RETARDATION  
MENTAL HEALTH SERVICES DIVISION**

**CHAPTER 0940—3—2  
MANDATORY PRE-SCREENING FOR ADMISSION TO STATE SUPPORTED  
MENTAL HEALTH INSTITUTES**

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**0940—3—2—.01 PURPOSE.** The following rules establish mandatory prescreening to state supported mental health institutes. Specifically, they provide for the establishment of designated sites and identified procedures for evaluation of individuals being considered for admission to state supported mental health institutes. The mandatory pre-screening system will assure the most appropriate and effective care for individuals being considered for referral and admissions to state-supported mental health institutes. The goal of the system is to minimize length of confinement, promote speedy return to the community, and maximize the individual’s ability to remain in a community setting. The system includes a screening process designed to reduce inappropriate utilization of inpatient resources and promote coordinated service delivery in the most appropriate, least restrictive environment available and by use of resources currently available.

**Authority:** T.C.A. §§ 33—1—203, 33—1—204 and 32—2—602. **Administrative History:** Original rule filed October 17, 1978; effective December 1, 1978. Repeal by Public Chapter 969; effective July 1, 1984. New rule filed November 27, 1985; effective December 31, 1985.

**0940—3—2—.02 DEFINITIONS.**

- (1) Mandatory pre-screening authority — Agency or group designated by the Commissioner as the community-based entity which pre-screens for admission to a state supported mental health institute.
- (2) Commissioner — The Commissioner of the Tennessee Department of Mental Health and Mental Retardation or his authorized representative.
- (3) Community Mental Health Center (CMHC) — Private non-profit mental health agency designated and contracted with by the department to provide specific mental health services in assigned geographical area.
- (4) Catchment Area — Geographical area of the state of Tennessee assigned by the Commissioner to be served by a specific community mental health center.
- (5) State Supported (Regional) Mental Health Institute — Regional mental health residential facility operated by the department or any agency with which the department contracts specifically for replacement services of a regional mental health institute.
- (6) Referral Agency — Entity which provides mental health services, not owned or operated by the department and not a mandatory pre-screening authority.

(Rule 0940-3-2-.02, continued)

- (7) Private Practitioner — A licensed physician or licensed psychologist with health service provider designation who is not acting as an agent of either the department or an agency with which the department contracts when dealing with a specific referral for admission to a regional mental health institute.
- (8) Pre-Screen — An assessment of need for admission to a state-supported mental health institute.
- (9) Mandatory Pre-Screening Plan — Plan submitted by the mandatory prescreening authority in conjunction with community mental health center and approved by the department which provides for the development and implementation of a single mandatory pre-screening system for that community mental health center's catchment area.
- (10) Affiliate Agreement — Contract or agreement between mandatory prescreening authority and another agency or individual which establishes roles and responsibilities in carrying out the mandatory pre-screening plan.
- (11) Legal Status — The section of T.C.A. under which an individual may be admitted to residential mental health care in a state-supported mental health institute.
- (12) Private Residential Treatment Resource — A private alcohol and drug or psychiatric program designated to provide residential/inpatient services.

**Authority:** T.C.A. §§ 33—1—203, 33—1—204 and 32—2—602. **Administrative History:** Original rule filed October 17, 1978; effective December 1, 1978. Repeal by Public Chapter 969; effective July 1, 1984. New rule filed November 27, 1985; effective December 31, 1985. Amendment filed September 25, 1995; effective December 9, 1995.

**0940—3—2—.03 PROCEDURES FOR BECOMING A MANDATORY PRE-SCREENING AUTHORITY.**

- (1) Letter of Intent: A community mental health center must establish a mandatory pre-screening authority for its catchment area. The community mental health center must submit a letter of intent which sets out the following:
  - (a) Specific agency which will be mandatory pre-screening authority.
  - (b) Applicable catchment area(s).
  - (c) Categories of patients by legal status to be pre-screened (T.C.A. §§ 33—6—101, 6—103, 6—104).
  - (d) Description of mandatory pre-screening system to be implemented, including how other agencies such as local hospital emergency rooms, law enforcement, crisis stabilization units, other mental health service providers, etc. are involved in implementation and what their function is in the mandatory pre-screening process.
  - (e) Date of implementation. If the plan is to be implemented before January, 1987, plan must be submitted to the department at least ninety (90) days before start-up. See also rule 0940—3—2—.11 of this chapter.
- (2) Department, after review and approval of letter of intent, in a timely manner will authorize development of a mandatory pre-screening plan and will provide appropriate public notice of that authorization.
- (3) Agency(ies) will develop and submit a mandatory pre-screening plan under guidelines specified in rule 0940—3—2—.10 and 0940—3—2—.11 of this chapter.

**Authority:** T.C.A. §§ 4—4—103, 33—1—203 through 33—1—205 and 33—2—602. **Administrative History:** Original rule filed October 17, 1978; effective December 1, 1978. Repeal by Public Chapter 969; effective July 1, 1984. New rule filed November 27, 1985; effective December 31, 1985.

**0940—3—2—.04 RESPONSIBILITIES OF MANDATORY PRE-SCREENING AUTHORITY.**

- (1) Develop and implement in conjunction with all community mental health centers to be served by that mandatory pre-screening authority; a mandatory pre-screening plan according to guidelines specified in rules 0940—3—2—.10 and 0940—3—2—.11 of this chapter.
- (2) Negotiate and sign any affiliate agreements necessary to the mandatory pre-screening plan.
- (3) Contract for services in accordance with the mandatory pre-screening plan.
- (4) Prescreen individuals presented for referral for possible admission to a state-supported mental health institute.
- (5) Provide in a timely manner appropriately completed referral forms to regional mental health institute for all patients referred to regional mental health institute.
- (6) Negotiate, sign, and implement an agreement with the regional mental health institute and catchment area community mental health center, when appropriate, that addresses responsibilities of all parties in treatment and discharge planning. Agreements should also specify procedures should a patient not be admitted to a regional mental health institute.
- (7) Screen individuals proposed for transfer from a residential treatment resource to a regional mental health institute.

**Authority:** T.C.A. §§ 33—1—203, 33—1—204 and 32—2—602. **Administrative History:** Original rule filed October 17, 1978; effective December 1, 1978. Repeal by Public Chapter 969; effective July 1, 1984. New rule filed November 27, 1985; effective December 31, 1985.

**0940—3—2—.05 RESPONSIBILITIES OF COMMUNITY MENTAL HEALTH CENTER.**

- (1) When the community mental health center is the mandatory prescreening agency, see rule 0940—3—2—.04 of this chapter.
- (2) When the community mental health center is not the mandatory pre-screening agency:
  - (a) The community mental health center must participate in the development of a mandatory pre-screening plan for its catchment area.
  - (b) Provide available mental health services to individuals who are not admitted to a regional mental health institute or who are awaiting admission under T.C.A. § 33—6—104 to a regional mental health institute.
  - (c) Provide liaison and follow-up services to individuals hospitalized from catchment area.
  - (d) Provide to regional mental health institute a written assessment of less restrictive alternatives prior to probable cause hearing when individual is already hospitalized.
  - (e) Review and endorse a plan to convert an emergency regional mental health institute admission to voluntary status prior to occurrence of such conversion.
  - (f) Provide to regional mental health institute an evaluation of patient's current mental condition under circumstances specified in T.C.A. § 33—6—108.
  - (g) Negotiate, sign, and implement an agreement with the regional mental health institute and mandatory prescreening authority that addresses responsibilities of all parties in treatment and discharge planning. Agreements should also specify procedures should a patient not be admitted to a regional mental health institute.

(Rule 0940-3-2-.05, continued)

**Authority:** T.C.A. §§ 33—1—203, 33—1—204 and 32—2—602. **Administrative History:** Original rule filed October 17, 1978; effective December 1, 1978. Repeal by Public Chapter 969; effective July 1, 1984. New rule filed November 27, 1985; effective December 31, 1985.

**0940—3—2—.06 RESPONSIBILITIES OF THE DEPARTMENT.**

- (1) Review and approve proposed mandatory pre-screening plans.
- (2) Designate a mandatory pre-screening authority for each catchment area and provide public notice of that designation. Such an authority may serve one or more catchment areas but there will be a maximum of one mandatory pre-screening authority per catchment area.
- (3) Allocate and contract available funds as necessary for mandatory pre-screening services. An appeal process, as defined in the department's manual, Program Report and Data Requirements for Mental Health and Alcohol and Drug Grantees, is to be utilized to resolve any dispute between the mandatory pre-screening agency and the department which might impact funding.
- (4) Develop procedures (with appropriate time lines) for plan review with recommendations for approval, renewal, and/or change in the mandatory pre-screening plan.
- (5) Provide consultation, oversight, and local and system monitoring of implementation of mandatory pre-screening plan.
- (6) Assist in transition to and implementation of the mandatory pre-screening process across the state in accordance with recommendation by the mandatory pre-screening authority.
- (7) Monitor and enforce compliance by mandatory pre-screening authority, community mental health center and regional mental health institute of their obligations under terms of mandatory pre-screening plan.
- (8) Establish a committee made up of departmental staff and representatives of non-departmental agencies to make recommendations to the Commissioner when a mandatory pre-screening authority is unable to develop a plan or reach an agreement on a plan.
- (9) Develop a referral form for all patients referred for admission to regional mental health institutes. This form must include, at least the following information on each patient:
  - (a) Reason/justification for referral.
  - (b) Evidence that less restrictive alternatives have been assessed and ruled out.
  - (c) Indication of contact with regional mental health institute to assess availability of space and tentative agreement to admit.
  - (d) Current medication, if any.
  - (e) Community mental health center, private practitioner, or agency who will follow patient during hospitalization and be responsible for aftercare.
  - (f) Tentative plan for discharge.

**Authority:** T.C.A. §§ 33—1—203, 33—1—204 and 32—2—602. **Administrative History:** Original rule filed October 17, 1978; effective December 1, 1978. Repeal by Public Chapter 969; effective July 1, 1984. New rule filed November 27, 1985; effective December 31, 1985.

**0940—3—2—.07 RESPONSIBILITIES OF THE REGIONAL MENTAL HEALTH INSTITUTE.**

- (1) Negotiate, sign and implement an agreement with the mandatory pre-screening authority and catchment area community mental health center, when appropriate, that addresses responsibilities of all parties in treatment and discharge planning. Agreements should also specify procedures should a patient not be admitted to a regional mental health institute.
- (2) Verify to court community mental health center prior to probable cause hearing.
- (3) Provide both certificates of need for hospitalization when a petition for emergency is filed when patient already voluntarily hospitalized.
- (4) Ensure screening by the appropriate mandatory pre-screening authority of individuals applying for transfer from a private residential treatment resource to a regional mental health institute.
- (5) Obtain catchment area community mental health center's endorsement of a plan to convert an emergency admission to voluntary status prior to conversion.

*Authority:* T.C.A. §§ 33—1—203, 33—1—204 and 32—2—602. *Administrative History:* Original rule filed October 17, 1978; effective December 1, 1978. Repeal by Public Chapter 969; effective July 1, 1984. New rule filed November 27, 1985; effective December 31, 1985.

**0940—3—2—.08 RELATIONSHIP BETWEEN COMMUNITY MENTAL HEALTH CENTER AND DEPARTMENT.** Provision of mandatory pre-screening services shall be contained in the terms of the contracts negotiated between community mental health centers and the department. Failure to develop and implement an approved mandatory pre-screening plan will constitute a failure to meet contract requirements.

*Authority:* T.C.A. §§ 33—1—203, 33—1—204 and 32—2—602. *Administrative History:* Original rule filed October 17, 1978; effective December 1, 1978. Repeal by Public Chapter 969; effective July 1, 1984. New rule filed November 27, 1985; effective December 31, 1985.

**0940—3—2—.09 RELATIONSHIP BETWEEN MANDATORY PRE-SCREENING AUTHORITY AND DEPARTMENT.**

- (1) When a community mental health center is the mandatory pre-screening authority, see rule 0940—3—2—.08 of this chapter.
- (2) When the mandatory pre-screening authority is not a community mental health center, the department may either directly contract for mandatory pre-screening services with the designated mandatory pre-screening authority, or may contract with a community mental health center or community mental health centers served by the designated mandatory pre-screening authority subject to department's approval of any sub-contract.

*Authority:* T.C.A. §§ 33—1—203, 33—1—204 and 32—2—602. *Administrative History:* Original rule filed October 17, 1978; effective December 1, 1978. Repeal by Public Chapter 969; effective July 1, 1984. New rule filed November 27, 1985; effective December 31, 1985.

**0940—3—2—.10 GUIDELINES FOR MANDATORY PRE-SCREENING ANNUAL PLAN.**

- (1) An agency proposing to become the designated mandatory pre-screening authority must submit to the department a budget on forms supplied by department and a written plan containing the following information:
  - (a) Category of Pre-screened Client: Legal Status - T.C.A. § 33—6—101
    1. Narrative description of the pre-screening an evaluation procedures that include at least:

(Rule 0940-3-2-.10, continued)

- (i) Hours of service.
  - (ii) Location of service.
  - (iii) Qualifications of the clinicians responsible for evaluations.
  - (iv) Assurance that evaluation for referrals for T.C.A. §33—6—101 admission will be conducted through a face-to-face contact with the client. Exceptions to this must be specified.
  - (v) Method of fee assessment, copy of fee schedule, and assurance that clients will receive service regardless of ability to pay.
2. Copy of the agreement(s) among proposed mandatory pre-screening authority, community mental health center and regional mental health institute that addresses the responsibilities of all parties to include.
  - (i) Referral procedure by mandatory pre-screening authority to regional mental health institute.
  - (ii) Procedures for joint treatment planning.
  - (iii) Procedures for joint discharge planning.
  - (iv) Procedures and responsibility of mandatory pre-screening authority, community mental health center and regional mental health institute should regional mental health institute not admit patient.
3. Public notice of mandatory pre-screening authority designation to all pertinent agencies and private practitioners.
  - (i) Description of method of initial notice and on-going communication about the process.
  - (ii) Evidence of notification to local ancillary agencies such as: law enforcement, courts, medical societies, local hospitals, etc.
  - (iii) Description of mandatory pre-screening authority's relationship with community mental health centers if a designated mandatory pre-screening authority covers more than one catchment area.
4. Copies of affiliate agreements with agencies (including those with statewide responsibility) and private practitioners who have been the most frequent referral sources for voluntary admission. Agreements must include:
  - (i) Responsibility of mandatory pre-screening authority, community mental health center and referral agency or private practitioner for arranging for and providing care of patient up to a point of admission to regional mental health institute.
  - (ii) Responsibility of community mental health center, referral agency, or private practitioner for treatment planning, liaison services while patient is hospitalized, discharge planning, and after-care.
5. Description of the process to be implemented for persons under 19, selecting one of the following options.
  - (i) Mandatory pre-screening authority must evaluate and refer for admission to regional mental health institute, or

(Rule 0940-3-2-.10, continued)

- (ii) Mandatory pre-screening authority must evaluate but referral for hospitalization may come from other evaluators.
- (b) Category of Pre-screened Client: Legal Status — T.C.A. § 33—6—103
1. Narrative description of the pre-screening and evaluation procedure to be implemented by the mandatory pre-screening authority to include at least:
    - (i) Hours: services must be available 24 hours a day, 7 days a week.
    - (ii) Location of services during regular office hours and after hours.
    - (iii) Qualifications of the clinicians responsible for the evaluation and certification of the patient for admission to the regional mental health institute.
    - (iv) Method of fee assessment, copy of the fee schedule, and assurances that clients will receive services regardless of ability to pay.
  2. Copy of the agreement(s) among proposed mandatory pre-screening authority, community mental health center and regional mental health institute that addresses the responsibilities of all parties to include:
    - (i) Referral procedure by the mandatory pre-screening authority to the regional mental health institute.
    - (ii) Procedures for joint treatment planning.
    - (iii) Procedures for joint discharge planning.
    - (iv) Procedures and responsibility of mandatory pre-screening authority, community mental health center and regional mental health institute should regional mental health institute not admit patient.
  3. Public notice of mandatory pre-screening authority designation to all pertinent agencies and private practitioners.
    - (i) Description of method of initial notice and on-going communication about the process.
    - (ii) Evidence of notification to local ancillary agencies such as: law enforcement, courts, medical societies, local hospitals, etc.
    - (iii) Description of mandatory pre-screening authority's relationship with local community mental health centers if a designated authority covers more than one catchment area.
  4. Copy of affiliate agreements with agencies (including those with statewide responsibility) and private practitioners who have been the most frequent referral sources for emergency admissions. Agreements must include:
    - (i) Responsibility of mandatory pre-screening authority, community mental health center and referral agency or private practitioner for arranging for and providing care of patient up to point of admission to regional mental health institute.

(Rule 0940-3-2-.10, continued)

- (ii) Responsibility of community mental health center and referral agency or private practitioner for treatment planning, discharge planning, and aftercare.
  - (iii) Procedures which outline responsibilities of mandatory pre-screening authority for assessment and placement of an individual with a primary alcohol and drug problem when the designated alcohol and drug community treatment facility has no space available. These procedures must be developed with the agreement of the designated alcohol and drug residential facility.
5. Description of the process to be implemented for persons under 19, selecting one of the following options.
- (i) Mandatory pre-screening authority must evaluate and refer for admission to regional mental health institute, or
  - (ii) Mandatory pre-screening authority must evaluate but referral for hospitalization may come from other evaluators.
- (c) Category of Pre-screened Client: Legal Status — T.C.A. § 33—6—104
1. Narrative description of the pre-screening and evaluation procedure to be implemented by the mandatory pre-screening authority to include at least.
    - (i) Hours of service.
    - (ii) Location of services.
    - (iii) Qualifications of the clinicians responsible for the evaluation and certification of the patient for admission to the regional mental health institute.
    - (iv) Description of the method for tracking the client from time of the certification, through the court proceedings, to admission to the regional mental health institute.
    - (v) Method of fee assessment, copy of fee schedule, and assurance that clients will receive service regardless of ability to pay.
  2. Copy of the agreement(s) among proposed mandatory prescreening authority, community mental health center and regional mental health institute that addresses the responsibilities of all parties to include:
    - (i) Referral procedure by the mandatory pre-screening authority to the regional mental health institute.
    - (ii) Procedures for joint treatment planning.
    - (iii) Procedures for joint discharge planning.
    - (iv) Procedures and responsibility of mandatory pre-screening authority, community mental health center and regional mental health institute should regional mental health institute not admit patient.
  3. Public notice of mandatory pre-screening authority designation to all pertinent agencies and private practitioners.
    - (i) Description of method of initial notice and on-going communications about the process.



(Rule 0940-3-2-.10, continued)

- (ii) Evidence of notification to local ancillary agencies such as: law enforcement, courts, medical societies, local hospitals, etc.
  - (iii) Description of mandatory pre-screening authority's relationship with local community mental health centers if a designated authority covers more than one catchment area.
4. Copy of affiliate agreements with agencies (including those with statewide responsibility) and private practitioners who have been the most frequent referral sources for involuntary admission. Agreements must include:
- (i) Responsibility of mandatory pre-screening authority, community mental health center, referral agency, or private practitioner for arranging for and providing care of patient up to point of admission to regional mental health institute.
  - (ii) Responsibility of community mental health center, referral agency, or private practitioner for treatment planning, liaison services while patient is hospitalized, discharge planning, and aftercare.
  - (iii) Responsibility of the appropriate catchment area community mental health center to provide an assessment of less restrictive alternatives in a report to the regional mental health institute prior to probable cause hearing when individual is already hospitalized.
  - (iv) Responsibility of the appropriate community mental health center to first endorse a conversion by the regional mental health institute form T.C.A. § 33—6—103 status to T.C.A. § 33—6—101 status before the conversion takes place.
5. Description of the process to be implemented for persons under 19, selecting one of the following options:
- (i) Mandatory pre-screening authority must evaluate and refer for admission to regional mental health institute, or
  - (ii) Mandatory pre-screening authority must evaluate but referral for hospitalization may come from other evaluators.
- (2) The department will evaluate the mandatory pre-screening plan based on the following:
- (a) Submission of all information specified under 1. of this section.
  - (b) Adequacy of plan for implementation.
  - (c) Adequacy of resources for implementation of plan.
  - (d) Assessment of cost effectiveness of plan.

**Authority:** T.C.A. § 33—1—203, 33—1—204 and 32—2—602. **Administrative History:** Original rule filed October 17, 1978; effective December 1, 1978. Repeal by Public Chapter 969; effective July 1, 1984. New rule filed November 27, 1985; effective December 31, 1985.

**0940—3—2—.11 PROCEDURAL REQUIREMENTS FOR IMPLEMENTATION OF THE MANDATORY PRE-SCREENING PLANS.**

- (1) All community mental health centers must have an approved mandatory pre-screening plan in accordance with these rules. The following timetable must be used:

(Rule 0940-3-2-.11, continued)

- (a) January 1, 1987 — Submit a mandatory pre-screening plan for review by the department.
- (b) July 1, 1987 — All community mental health centers must have a plan approved by the department.
- (c) July 1, 1988 — Implementation of all procedures required by these rules.

(2) Requisite Procedures for Implementation by Legal Status of the client:

(a) *T.C.A. § 33—6—101*

- 1. When an individual applies for voluntary hospitalization at a regional mental health institute:
  - (i) Must be referred as specified by approved designated mandatory pre-screening plan.
  - (ii) Regional mental health institute has the responsibility for assessment for need for hospitalization and availability of suitable accommodations.
- 2. Individuals referred for emergency admission, found by the regional mental health institute to be in need of hospitalization, but not on an emergency basis, see appropriate procedures under *T.C.A. §§ 33—6—101 or 33—6—104*.

(b) *T.C.A. §33—6—103*

- 1. When an individual is not an inpatient in a state regional mental health institute, two certifications of need must be completed as specified below.
  - (i) Certificate executed by a person from the mandatory pre-screening authority who is authorized by *T.C.A. § 33—6—103* to execute a certificate.
  - (ii) Regional mental health institute will provide the second certification if appropriate for admission.
- 2. If an individual has been admitted to the regional mental health institute under *T.C.A. §33—6—103* and during the commitment process, the individual is found to no longer meet emergency commitment standards, see appropriate procedures under *T.C.A. §§ 33—6—101 or 33—6—104*.
- 3. When an individual presently hospitalized under voluntary status (*T.C.A. § 33—6—101*) gives intent to leave and regional mental health institute initiates proceedings under *T.C.A. §33—6—103*, the regional mental health institute will provide both certifications of need.

(c) *T.C.A. § 33—6—104*

- 1. When an individual hospitalized at a regional mental health institute under other legal status requires involuntary hospitalization, the superintendent must file two certificates of need in accordance with statutes. In addition, the superintendent must file a verification that a report has been received from the catchment area community mental health center that there is no less restrictive alternative to hospitalization. The community mental health center report must address availability of treatment in a less restrictive setting in timely fashion appropriate to hearing date.
- 2. When an individual is in the community (not otherwise involuntarily committed to a treatment facility), one of the certificates of need must be executed by appropriate staff of the designated mandatory pre-screening authority.
- 3. Additional Assessments. One of the two evaluations of the patient's mental condition required under *T.C.A. § 33—6—108* must be performed by the catchment area community mental health center.

(Rule 0940-3-2-.11, continued)

**Authority:** T.C.A. §§ 4—4—103, 33—1—203 through 33—1—205 and 33—2—602. **Administrative History:** Original rule filed October 17, 1978; effective December 1, 1978. Repeal by Public Chapter 969; effective July 1, 1984. New rule filed November 27, 1985; effective December 31, 1985. Amendment filed September 25, 1995; effective December 9, 1995.