

**RULES  
OF  
DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES  
DIVISION OF MENTAL HEALTH SERVICES**

**CHAPTER 0940-3-8  
COMMUNITY-BASED SCREENING PROCESS FOR EMERGENCY  
INVOLUNTARY ADMISSIONS**

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**0940-3-8-.01 PURPOSE.**

- (1) This chapter establishes a community-based screening process to assure the most appropriate and effective care for service recipients with mental illness or serious emotional disturbance who are evaluated for eligibility for emergency involuntary admission under Title 33, Chapter 6, Part 4, Tennessee Code Annotated. The process includes screening designed to reduce inappropriate utilization of inpatient resources and promote coordinated service delivery in the most appropriate, least restrictive environment available.

**Authority:** T.C.A. §§4-4-103, 4-5-202, 4-5-204, 33-1-301, 33-1-303, 33-1-305, 33-6-102, 33-6-104, 33-6-402, 33-6-403, 33-6-404, 33-6-406, and 33-6-427. **Administrative History:** Original rule filed November 7, 2003; effective January 21, 2004.

**0940-3-8-.02 SCOPE.**

- (1) This chapter establishes the process by which persons are pre-screened for emergency involuntary admission to a state-owned or operated hospital or treatment resource under Title 33, Chapter 6, Part 4, Tennessee Code Annotated.

**Authority:** T.C.A. §§4-4-103, 4-5-202, 4-5-204, 33-1-301, 33-1-303, 33-1-305, 33-6-102, 33-6-104, 33-6-402, 33-6-403, 33-6-404, 33-6-406, and 33-6-427. **Administrative History:** Original rule filed November 7, 2003; effective January 21, 2004.

**0940-3-8-.03 DEFINITIONS.**

- (1) "Commissioner" means the Commissioner of Mental Health and Developmental Disabilities or his/her authorized representative.
- (2) "Community-based Screening" means a process by which a person is evaluated to determine need for treatment, assess the availability of alternative services and supports, and ensure that services are provided in the most appropriate, least restrictive environment available.
- (3) "Crisis Response Service" means a team designated by the Commissioner to provide crisis intervention, pre-screening, and diversion services in a defined service area.
- (4) "Department" means the Tennessee Department of Mental Health and Developmental Disabilities.

(Rule 0940-3-8-.01, continued)

- (5) "Follow-up" means contact with a service recipient within twelve (12) hours of pre-screening to determine post-evaluation status, assess intervention impact, and assure appropriate service referral.
- (6) "Mandatory Pre-screening Agent (MPA)" means a person meeting criteria required by T.C.A. § 33-6-427 who is designated by the Commissioner to perform pre-screening of service recipients for emergency involuntary admission.
- (7) "Pre-screening" means a face-to-face evaluation, either by physical presence or televideo, of a service recipient to assess eligibility for emergency involuntary admission and determine whether all available and appropriate less drastic alternative services and supports are unsuitable to meet his/her needs.
- (8) "Psychologist" means a licensed psychologist with health service provider designation by the board of healing arts and actively practicing as such.
- (9) "Qualified Mental Health Professional (QMHP)" means a person who is licensed in Tennessee, if required for the profession, and is a psychiatrist; physician with expertise in psychiatry as determined by training, education, or experience; psychologist with health service provider designation; psychological examiner, or senior psychological examiner; social worker who is certified with two years of mental health experience or licensed; marital and family therapist; nurse who has a Master's degree in nursing who functions as a psychiatric nurse; professional counselor; or if the person is providing service to service recipients who are children, any of the above educational credentials plus mental health experience with children.
- (10) "Service Area" means a geographical area, designated by the Commissioner, to be served by a mandatory pre-screening process.
- (11) "Treatment Resource" means any public or private facility, service, or program providing treatment or rehabilitation services for mental illness or serious emotional disturbance, including, but not limited to, detoxification centers, hospitals, community mental health centers, clinics or programs, halfway houses, and rehabilitation centers.

**Authority:** T.C.A. §§4-4-103, 4-5-202, 4-5-204, 33-1-301, 33-1-303, 33-1-305, 33-6-102, 33-6-104, 33-6-402, 33-6-403, 33-6-404, 33-6-406, and 33-6-427. **Administrative History:** Original rule filed November 7, 2003; effective January 21, 2004.

**0940-3-8-.04 REQUIREMENTS FOR DESIGNATION AS MANDATORY PRE-SCREENING AGENT (MPA).**

- (1) Maintain compliance with requirements for qualified mental health professional (QMHP).
- (2) Successfully complete Department training as required under T.C.A. § 33-6-427(b)(3).
- (3) If providing pre-screening services for children, meet requirements regarding mental health experience with children as required by T.C.A. § 33-1-101(18).
- (4) Accept Commissioner's designation authority as defined in T.C.A. § 33-6-104.
- (5) Comply with responsibilities as defined in T.C.A. §§ 33-6-105 and 33-6-106 and Rule 0940-3-8-.05.
- (6) The MPA will immediately notify the Department if he or she:
  - (a) no longer meets the requirements for QMHP;

(Rule 0940-3-8-.01, continued)

- (b) requires or makes changes in service area location(s);
- (c) no longer functions as a mandatory pre-screening agent; or
- (d) changes name, address, contact information.

**Authority:** T.C.A. §§4-4-103, 4-5-202, 4-5-204, 33-1-301, 33-1-303, 33-1-305, 33-6-102, 33-6-104, 33-6-402, 33-6-403, 33-6-404, 33-6-406, and 33-6-427. **Administrative History:** Original rule filed November 7, 2003; effective January 21, 2004.

**0940-3-8-.05 RESPONSIBILITIES OF MANDATORY PRE-SCREENING AGENT.**

- (1) Have access to current information about available community resources and referral procedures to access less restrictive alternatives to hospitalization.
- (2) Comply with county protocol(s) for designated modes of transportation.
- (3) Pre-screen service recipients to assess eligibility for emergency involuntary admission to state-owned or operated facilities under T.C.A. § 33-6-404.
- (4) Determine, if possible, whether the service recipient has a durable power of attorney for health care or a declaration for mental health treatment and comply to the extent possible.
- (5) Determine, if possible, whether the service recipient is under a mandatory outpatient treatment obligation from an inpatient provider.
- (6) Complete a certificate of need for any service recipient assessed as eligible for emergency involuntary admission under T.C.A. § 33-6-404.
- (7) Determine and document level of security required and mode of transportation to the admitting hospital for service recipients eligible for emergency involuntary admission under T.C.A. § 33-6-404.
- (8) When a service recipient is referred for emergency involuntary admission or alternative services, provide at least the following information to the treatment resource:
  - (a) The certificate of need, if referred for emergency involuntary admission;
  - (b) Acknowledgement and copy, where possible, of a durable power of attorney for health care or a declaration for mental health treatment;
  - (c) Existence of mandatory outpatient treatment obligation, if applicable, and discharging facility, if known;
  - (d) Name of person at referring service provider;
  - (e) Any known medical condition(s);
  - (f) Current or recent prescription and/or over-the-counter medication(s), if any;
  - (g) Current or recent use of alcohol and/or other substance use, if any;
  - (h) Name of current or most recent community mental health provider, if known; and

(Rule 0940-3-8-.01, continued)

- (i) Recommendations for services and/or supports following discharge.
- (9) When a service recipient is evaluated and does not meet emergency involuntary admission criteria, the MPA will:
- (a) Assess availability of alternative services and make referral, if appropriate;
  - (b) Initiate contact with each service recipient not eligible for emergency involuntary admission within twelve (12) hours of evaluation and complete follow-up as necessary. By agreement, an MPA may designate another QMHP or a crisis response service to meet responsibilities for follow-up as defined in 0940-3-8-.03(5);
  - (c) Maintain documentation of at least the following information:
    - 1. Reason/justification for diversion;
    - 2. Clinical intervention activities, if applicable;
    - 3. Alternative services available and offered to the service recipient, if appropriate;
    - 4. Results of follow-up contact and actions taken.

**Authority:** T.C.A. §§4-4-103, 4-5-202, 4-5-204, 33-1-301, 33-1-303, 33-1-305, 33-6-102, 33-6-104, 33-6-402, 33-6-403, 33-6-404, 33-6-406, and 33-6-427. **Administrative History:** Original rule filed November 7, 2003; effective January 21, 2004.

**0940-3-8-.06 RESPONSIBILITIES OF PHYSICIAN OR PSYCHOLOGIST NOT DESIGNATED AS A MANDATORY PRE-SCREENING AGENT.**

- (1) If a service recipient requires evaluation for emergency involuntary admission to a state-owned or operated treatment resource under T.C.A. § 33-6-404 and cannot be examined by a mandatory pre-screening agent within two (2) hours of the request to examine the person, a physician or psychologist may perform the evaluation and provide a certificate of need. The physician or psychologist then has the following responsibilities:
- (a) Maintain compliance with requirements for physician under T.C.A. § 33-1-101(15) or psychologist under T.C.A. § 33-6-427(a).
  - (b) Pre-screen the service recipient for emergency involuntary admission under T.C.A. § 33-6-404.
  - (c) Determine, if possible, whether the service recipient has executed a durable power of attorney for health care or a declaration for mental health treatment and comply to the extent possible.
  - (d) Determine, if possible, whether the service recipient is under a mandatory outpatient treatment obligation from an inpatient provider.
  - (e) Before completing a certificate of need, make a determination, in consultation with a crisis response service that serves the county where the service recipient is being evaluated, that all available and appropriate less drastic alternatives to placement in a hospital or treatment resource are unsuitable to meet the needs of the person and document the consultation. A face-to-face consultation with the crisis response service is not required.

(Rule 0940-3-8-.01, continued)

- (f) Complete a certificate of need for any service recipient assessed as eligible for emergency involuntary admission under T.C.A. § 33-6-404.
- (g) Determine and document level of security required and mode of transportation to the admitting hospital for service recipients eligible for emergency involuntary admission under T.C.A. § 33-6-404.
- (h) For service recipients not eligible for emergency involuntary admission, notify a crisis response service that serves the county where the service recipient resides or is receiving services of the need for follow-up. Provide necessary information and document this notification.
- (i) When a service recipient is referred for emergency involuntary admission or alternative services, provide at least the following information to the treatment resource:
  - 1. The certificate of need for emergency involuntary admission;
  - 2. Acknowledgement and copy, where possible, of a durable power of attorney for health care or a declaration for mental health treatment;
  - 3. Existence of mandatory outpatient treatment obligation, if applicable, and discharging facility, if known;
  - 4. Name of person at referring service provider;
  - 5. Any known medical condition(s);
  - 6. Current or recent prescription and/or over-the-counter medication(s), if any;
  - 7. Current or recent use of alcohol and/or other substance use, if any;
  - 8. Name of current or most recent community mental health provider, if known; and
  - 9. Recommendations for services and/or supports following discharge.

**Authority:** T.C.A. §§4-4-103, 4-5-202, 4-5-204, 33-1-301, 33-1-303, 33-1-305, 33-6-102, 33-6-104, 33-6-402, 33-6-403, 33-6-404, 33-6-406, and 33-6-427. **Administrative History:** Original rule filed November 7, 2003; effective January 21, 2004.

**0940-3-8-.07 RESPONSIBILITIES OF DESIGNATED CRISIS RESPONSE SERVICE.**

- (1) Upon request, provide consultation to any physician or psychologist regarding the availability of less drastic alternatives to placement in a hospital or treatment resource.
- (2) Upon notification that the service recipient has been evaluated by a physician or psychologist as described in 0940-3-8-.06 and does not meet emergency involuntary admission criteria, initiate contact with the service recipient in accordance with T.C.A. § 33-6-106(a) to determine outcome and complete follow-up as necessary.
- (3) Document results of follow-up contact and actions taken.

**Authority:** T.C.A. §§4-4-103, 4-5-202, 4-5-204, 33-1-301, 33-1-303, 33-1-305, 33-6-102, 33-6-104, 33-6-402, 33-6-403, 33-6-404, 33-6-406, and 33-6-427. **Administrative History:** Original rule filed November 7, 2003; effective January 21, 2004.

(Rule 0940-3-8-.01, continued)

**0940-3-8-.08 RESPONSIBILITIES OF THE DEPARTMENT.**

- (1) Designate individuals to serve as mandatory pre-screening agents.
- (2) Designate service area of mandatory pre-screening agents.
- (3) Provide training program required for designation of mandatory pre-screening agents.
- (4) Notify the Claims Commission of designated mandatory pre-screening agents.
- (5) Maintain and publish an accurate and current list of designated mandatory pre-screening agents per service area and notify the Claims Commission of any changes in MPA status.
- (6) Maintain a list of private hospitals or treatment resources that have notified the Commissioner of acceptance of Mandatory Pre-screening Agent authority.

**Authority:** T.C.A. §§4-4-103, 4-5-202, 4-5-204, 33-1-301, 33-1-303, 33-1-305, 33-6-102, 33-6-104, 33-6-402, 33-6-403, 33-6-404, 33-6-406, and 33-6-427. **Administrative History:** Original rule filed November 7, 2003; effective January 21, 2004.