

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

**CHAPTER 0940-5-15  
MINIMUM PROGRAM REQUIREMENTS FOR MENTAL HEALTH  
ADULT DAY TREATMENT SERVICES**

**TABLE OF CONTENTS**

0940-5-15-.01	Definition	0940-5-15-.06	Individual Record Requirements
0940-5-15-.02	Application of Rules for Mental Health Adult Day Treatment Services	0940-5-15-.07	Environmental Requirements
0940-5-15-.03	Personnel Requirements	0940-5-15-.08	Medication Administration
0940-5-15-.04	Individual Assessment Requirements	0940-5-15-.09	Repealed
0940-5-15-.05	Individual Plan Of Care (POC) Requirements	0940-5-15-.10	Repealed

**0940-5-15-.01 DEFINITION.**

- (1) “Adult Day Treatment Services” means a non-residential program that provides a treatment and/or rehabilitation of at least (3) hours duration per program day for adult service recipients. The program may be provided during the day, evening, or weekend hours. The program may be structured and offer community living skills training, vocational training, assistance with interpersonal relationships and be geared toward moving the service recipient on to a more independent and normal life style. The program may also be unstructured and provide socialization and maintenance to service recipients who might not move on to more independence.

**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, and 33-2-302.  
**Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988. Amendment filed December 30, 2002; effective March 15, 2003.

**0940-5-15-.02 APPLICATION OF RULES FOR MENTAL HEALTH ADULT DAY TREATMENT SERVICES.**

- (1) The governing body of an adult day treatment services must comply with the following rules:
  - (a) Rule 0940-5-4-.03 (2) Life Safety Day Care Occupancy
  - (b) Chapter 0940-5-5 Adequacy of Facility Environment and Ancillary Services
  - (c) Chapter 0940-5-6 Minimum Program Requirements for All Mental Health Services (new rules to be filed)
  - (d) Chapter 0940-5-15 Minimum Program Requirements for Mental Health Adult Day Treatment Services

**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, and 33-2-302.  
**Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988. Amendment filed December 30, 2002; effective March 15, 2003.

**0940-5-15-.03 PERSONNEL REQUIREMENTS.**

- (1) Treatment and/or rehabilitation services must be provided by mental health professionals or by mental health service personnel.

(Rule 0940-5-15-.03, continued)

- (2) The program must provide access to general medical services either by a written agreement with a medical facility or physician or by employing a physician who is a non-psychiatrist to serve as medical consultant.
- (3) The program must maintain a written agreement with a psychiatrist to serve as a psychiatric consultant.
- (4) The program must provide at least one (1) staff person on-duty/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 day program services as described by written job description. Support staff such as clerical, housekeeping, van and bus driver staff; students involved in an on-site practicum for academic credit, and volunteers, may not be counted in the staff-to-recipient ratio.
- (5) The program must provide at least one on duty staff certified in CPR and trained in First aid and the Heimlich maneuver.

**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, and 33-2-302.  
**Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988. Amendment filed December 30, 2002; effective March 15, 2003.

#### **0940-5-15-.04 INDIVIDUAL ASSESSMENT REQUIREMENTS.**

- (1) The program must ensure that the following assessments are completed prior to the development of the service recipient Plan of Care:
  - (a) Assessment of current functioning in the following areas:
    1. Community living skills;
    2. Independent living skills;
    3. Emotional, psychological health;
    4. Educational level
  - (b) Basic medical history and current health information;
  - (c) A six (6) month history of prescribed medications, frequently used over-the-counter medications, and alcohol and/or other drug use; and
  - (d) History of prior mental health and alcohol and drug treatment episodes.

**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, and 33-2-302.  
**Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988. Amendment filed December 30, 2002; effective March 15, 2003.

#### **0940-5-15-.05 INDIVIDUAL PLAN OF CARE (POC) REQUIREMENTS.**

- (1) A plan must be developed for each service recipient. The plan must be based on initial and on-going assessment of needs and strengths and must be completed within seventy-two (72) hours of admission. Documentation of the plan must be made in the individual's record and must include the following:
  - (a) The service recipient's name.
  - (b) The date of plan development.

(Rule 0940-5-15-.05, continued)

- (c) Standardized diagnostic formulation(s) including, but not limited to, the current Diagnostic and Statistical Manual (DSM) Axes I-V and/or ICD-9.
- (d) Needs and strengths of the service recipient that are to be addressed within the particular service/program component.
- (e) Observable and measurable service recipient goals that are related to specific needs identified and which are to be addressed by the particular service/program component.
- (f) Interventions that address specific goals and objectives, identify staff and/or service recipient responsibility for interventions, and planned frequency of contact.
- (g) Signature(s) of the staff who develop the plan and the primary staff responsible for its implementation, including physician when indicated.
- (h) Signature of service recipient (and/or conservator, legal custodian, or attorney in-fact). Reasons for refusal to sign and/or inability to participate in Plan of Care development must be documented.
- (i) Discharge planning that includes a projected discharge date as appropriate and anticipated post discharge needs including documentation of resources needed in the community.
- (j) A review of the POC must occur within the first thirty (30) days of service and at least every six months thereafter or upon completion of the stated goal(s) and objective(s) and must include the following documentation:
  - 1. Dated signature(s) of appropriate treatment staff, including physician; and
  - 2. An assessment of progress toward each treatment goal and/or objective with revisions as indicated; and
  - 3. A statement by the staff psychiatrist or physician of justification for the level of service(s) needed including an assessment of suitability for treatment in a less restrictive environment. Justification for continued services must be documented.

**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, and 33-2-302.  
**Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988. Amendment filed December 30, 2002; effective March 15, 2003.

**0940-5-15-.06 INDIVIDUAL RECORD REQUIREMENTS.**

- (1) The record for each service recipient must contain the following information:
  - (a) Progress notes which must include written documentation of progress and changes which have occurred within the Plan of Care and, at a minimum, must be developed after each service contact. Progress notes must be dated and minimally include the signature, with title or degree, of the person preparing the note.
  - (b) Results of assessments required by rule 0940-5-15-.03; and
  - (c) Discharge summary which states, if appropriate, service recipient condition at the time of discharge and signature of staff person preparing the summary.

(Rule 0940-5-15-.06, continued)

**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, and 33-2-302.  
**Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988. Amendment filed December 30, 2002; effective March 15, 2003.

**0940-5-15-.07 ENVIRONMENTAL REQUIREMENTS**

- (1) The program must provide areas in which different therapeutic and/or educational/training activities can be conducted at the same time.
- (2) Each skills-training area must contain and have readily available equipment and supplies, which are appropriate and necessary to conducting skills-training 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, and 33-2-302.  
**Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988. Amendment filed December 30, 2002; effective March 15, 2003.

**0940-5-15-.08 MEDICATION ADMINISTRATION.**

- (1) The service recipient's ability and training must be taken into consideration when supervising the administration of medication.
- (2) Prescription medications are to be taken only by service recipients for whom they are prescribed, and in accordance with the directions of a physician.
- (3) Drugs must be stored in a locked container that ensures proper conditions of security and sanitation and prevents accessibility to any unauthorized person.
- (4) Discontinued and outdated drugs and containers with worn, illegible, or missing labels must be discarded.
- (5) All medication errors, drug reactions, or suspected overmedication must be reported to the practitioner who prescribed the drug.
- (6) Documentation or other tangible evidence of the current prescription of each medication taken by a service recipient must be maintained by the facility.

**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, and 33-2-302.  
**Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988. Amendment filed December 30, 2002; effective March 15, 2003.

**0940-5-15-.09 REPEALED.**

**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, and 33-2-302.  
**Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988. Repeal filed December 30, 2002; effective March 15, 2003.

**0940-5-15-.10 REPEALED.**

**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, and 33-2-302.  
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