

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

**CHAPTER 0940-5-33
MENTAL HEALTH PARTIAL HOSPITALIZATION PROGRAMS**

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0940-5-33-.01 DEFINITION.

- (1) “Partial hospitalization” means a non residential medically directed treatment program that offers intensive, coordinated, and structured services for adults and/or children within a stable therapeutic milieu. Partial hospitalization embraces day, evening, night, and weekend treatment programs which employ an integrated, comprehensive and complementary schedule of recognized mental health service approaches. Partial hospitalization is designed to provide intensive treatment services for service recipients who are able to be voluntarily diverted from inpatient psychiatric hospitalization or require intensive treatment after discharge from an inpatient stay. Programs are designed to serve service recipients with significant impairment resulting from a psychiatric, emotional or behavioral disorder. Such programs are also intended to have a positive impact on the service recipient’s support system.

Partial hospitalization programs may either be free standing or integrated with a broader mental health or medical program. Partial hospitalization must be a separate, identifiable, organized program representing a significant link within the continuum of comprehensive mental health 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 December 18, 2002; effective March 3, 2003.

0940-5-33-.02 APPLICATION OF RULES FOR MENTAL HEALTH PARTIAL HOSPITALIZATION PROGRAMS.

- (1) The governing body of a partial hospitalization program must comply with the following rules:
- (a) Rule 0940-5-4-.03(2) Life Safety Educational or 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); and
 - (d) Chapter 0940-5-15 Minimum Program Requirements for Partial Hospitalization Programs.
 - (e) Chapter 0940-3-6, Use of Isolation and Restraint in Inpatient Facilities

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 December 18, 2002; effective March 3, 2003.

0940-5-33-.03 PERSONNEL REQUIREMENTS.

- (1) The program must ensure that all staff providing service have the necessary skills, qualifications, training and supervision to provide the services specified in the individual plan of care.
 - (a) The program must be under the direction of a Tennessee licensed physician. Treatment and/or rehabilitation services must be provided by mental health professionals or by mental health personnel. Treatment services, staff type and ratio must be adequately justified according to level of care provided in program.
 - (b) The program must provide access to medical services either by a written agreement with or employ a licensed physician.
 - (c) If the physician is not a psychiatrist, the program must arrange for the regular, consultative, and emergency services of a psychiatrist;
 - (d) The psychiatrist or physician must be available during program hours. All diagnostic services must be provided by a psychiatrist, a psychologist, or an addictionologist, as applicable.
 - (e) The program must have at least one (1) Tennessee licensed nurse or physician assistant, to be on duty, and on-site during operating hours. The program must additionally have at least one (1) staff person who is assigned to provide direct program services, is on duty, on-site for each eight (8) adult service recipients present and one (1) to five (5) children/youth service recipients present. Support staff such as clerical, housekeeping, van and bus driver staff, volunteers and students involved in an on-site practicum for academic credit may not be counted in the staff-to-recipient ratio.
 - (f) 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 December 18, 2002; effective March 3, 2003.

0940-5-33-.04 INDIVIDUAL ASSESSMENT REQUIREMENTS.

- (1) The program must ensure that the following assessments are completed prior to the development of the Plan of Care:
 - (a) Assessment of current functioning according to presenting problem including a history of the presenting problem in the following areas:
 1. Community living skills, including independent living skills;
 2. Present level of functioning and ability to self manage mental illness, and
 3. Educational services.
- (2) Basic medical history and information, determination of the necessity for a medical evaluation and a copy, where applicable, of the results of the medical evaluation
- (3) A six (6) month history of prescribed medications, frequently used over-the-counter medications, and alcohol and/or other drug use; and
- (4) History of prior mental health and alcohol and drug treatment episodes.
- (5) Psychiatric evaluation

(Rule 0940-5-33-.04, continued)

- (6) Assessment of whether service recipient is currently eligible for special education services in accordance with the State Board of Education Rules, Regulations, and Minimum Standards

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 December 18, 2002; effective March 3, 2003.

0940-5-33-.05 INDIVIDUAL PLAN OF CARE (POC) REQUIREMENTS.

- (1) A Plan must be developed for each recipient. The plan must be based on initial and on-going assessment of the service recipient's needs and strengths must be completed within twenty-four (24) hours of the first day of services rendered. 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.
 - (c) Standardized diagnostic formulation(s) including, but not limited to, the current Diagnostic and Statistical Manual (DSM) Axes and/or ICD-9.
 - (d) Needs and strengths of the service recipient which are to be addressed within the particular service/program component.
 - (e) Observable and measurable service recipient goals that are related to specified needs identified and which are to be addressed by the particular service/program component.
 - (f) Interventions that address specific goals and objectives, identify staff responsible for intervention, and planned frequency of contact.
 - (g) Signature(s) of treatment staff who develop the plan, the primary staff responsible for its implementation, including the physician.
 - (h) Signature of service recipient (and/or parent/guardian, conservator, or legal custodian). Reasons for refusal to sign and/or inability to participate in POC development must be documented.
 - (i) Plan for discharge which includes projected discharge date, and
 - (j) Anticipated post discharge needs including documentation of resources needed in the community.
 - (k) A review of the POC must occur every seven (7) days of service or 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 December 18, 2002; effective March 3, 2003.

0940-5-33-.06 RECIPIENT RECORDS REQUIREMENTS.

- (1) The individual record for each service recipient must also contain the following information:
 - (a) Progress notes which must include written documentation of progress and changes that have occurred within the plan of care and, at a minimum, are documented daily. Progress notes must be dated and minimally include the signature, with title or degree, of the person preparing the note.
 - (b) A discharge summary which includes primary diagnosis, secondary diagnosis (when appropriate), clinical summary, condition at time of discharge or transfer, and aftercare arrangements and recommendations.
 - (c) Results of assessments required by 0940-5-33-.05
 - (d) Individual Plan of Care
 - (e) Standardized diagnostic formulation(s) including, but not limited to, the current Diagnostic and Statistical Manual (DSM) and/or ICD-9.

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 December 18, 2002; effective March 3, 2003.

0940-5-33-.07 ENVIRONMENTAL REQUIREMENTS.

- (1) The program must have areas in which different therapeutic and/or educational/training activities can be conducted at the same time.
- (2) Each program area must contain, and have readily available equipment and supplies which are appropriate and necessary to conduct therapeutic and/or 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.
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