

## RULEMAKING HEARINGS

### **DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES - 0940 OFFICE OF LICENSURE**

There will be a hearing before the Tennessee Department of Mental Health and Developmental Disabilities, Office of Licensure to consider the promulgation of amended rules and repeal of rules pursuant to T.C.A. §§ 4-4-103, 4-5-202, and 204, and 33-1-302, 305, and 309, 33-2-301 and 302, and 33-2-404. The hearing will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, Tennessee Code Annotated, Section 4-5-204 and will take place in the Commissioner's Large Conference Room on the 3<sup>rd</sup> Floor of the Cordell Hull Building located at 425 Fifth Avenue North, Nashville, TN at 10:00 a.m. Central Daylight Time on the 16th day of August, 2006.

Individuals with disabilities who wish to participate in these proceedings or review these filings should contact the Tennessee Department of Mental Health and Developmental Disabilities, to discuss any auxiliary aids or services needed to facilitate such participation or review. Such contact may be in person, by writing, telephone, or other means, and should be made no less than ten (10) days prior to the scheduled meeting date or the date such party intends to review such filings, to allow time to provide such aid or service. Contact the Tennessee Department of Mental Health and Developmental Disabilities ADA Coordinator, Joe Swinford, 3<sup>rd</sup> Floor, Cordell Hull Building, 425 Fifth Avenue North, Nashville, Tennessee 37243. Mr. Swinford's telephone number is (615) 532-6700; the department's TDD is (615) 532-6612. Copies of the notice are available from the Tennessee Department of Mental Health and Developmental Disabilities in alternative format upon request.

For a copy of the entire text of this notice of rulemaking hearing contact:

Glenda Rogers, Office of Licensure, Department of Mental Health and Developmental Disabilities, 425 Fifth Avenue North, Fifth Floor, Cordell Hull Building, Nashville, TN 37243-1010, (615)532-6590.

## SUBSTANCE OF PROPOSED RULES

### AMENDMENTS

#### **CHAPTER 0940-5-14**

#### **MINIMUM PROGRAM REQUIREMENTS FOR MENTAL HEALTH OUTPATIENT SERVICES**

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### **0940-5-14-.01 DEFINITIONS:**

- (1) For purpose of this chapter, mental health outpatient services means a non-residential service designed to provide mental health care for service recipients. Services may vary in levels of intensity. Services are offered in locations that meet the needs of the persons served and may be provided off or on-site of the facility. Mental health outpatient services include five components of care: (1) Clinical Outpatient Services, (2) Mental Health Case Management, (3) Crises Services, (4) Crisis Respite Services and (5) Crisis Triage Services. A mental health outpatient provider may provide one or more components of this service category.
  - (a) Clinical Outpatient Services – Services that include but are not limited to, any one or combination of individual, group or family therapy, medication management and follow-up, and mental health emergency services for current service recipients.
  - (b) Mental Health Case Management – Services that provide goal-oriented and individualized supports for service recipients through assessment, planning, linkage, coordination, and monitoring activities on a 24 hour, 7 day a week basis. Services may be provided by individual case managers or by case management teams. The majority of services are provided in locations other than the agency's offices.

Mental health case management services include but are not limited to:

1. Initial and on-going assessments of individual needs in the areas of housing, vocational, social, financial, legal, behavioral, physical health care, developmental, family and educational;
  2. Resource assessment and management;
  3. Accessing and coordinating services for a service recipient in a crisis situation to ensure the necessary services are rendered during and following a crisis episode on a 24 hour, 7 day a week basis;
  4. Outreach to encourage the service recipient's and caregiver participation.
- (c) Crisis Services – A service that provides 24 hours a day, 7 seven days a week in person and telephone mental health crisis intervention to adults and children in facility and non-facility based settings. Crisis services must provide in person services. Available Crisis services have access to 24/7 crisis respite services as appropriate. Crisis services may be provided through a walk-in/triage crisis center.

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- (d) Crisis Respite Services – A service that provides 24 hour supervision with a safe environment for adults and children who are experiencing a mental health crisis and are in need of short-term supervision and support in order to intervene and de-escalate the crisis while assuring their safety. Crisis respite services are voluntary and may be provided in the service recipient's home or in an out-of-home setting. Crisis respite services may be provided by mental health personnel or by crisis respite companions.
- (e) Crisis Services Walk-In/Triage Center Services - A brief behavioral health observation and assessment service for individuals experiencing a mental health crisis of any type. Immediate evaluation of the person results in referral to the most appropriate treatment intervention. Crisis triage services provides an effective clinical alternative to jails, hospitals, and help prevent more severe deterioration.

**Authority:** T.C.A. §§ 4-4-103; 4-5-202 and 204 and 33-1-302, 305 and 309, and 33-2-301 and 302 and 33-2-304.

### **0940-5-14-.02 APPLICATION OF RULES FOR MENTAL HEALTH OUTPATIENT SERVICES.**

- (1) The licensee of mental health outpatient services must comply with the following rules:
  - (a) All applicable Life Safety Rules for Business Occupancy Classification and mobile non-ambulatory classification;
  - (b) Rules for Adequacy of Program Environment and Ancillary Services;
  - (c) Applicable Minimum Program Requirements for All Services and Facilities, and
  - (d) Minimum Program Requirements for Mental Health Outpatient Services.

**Authority:** T.C.A. §§ 4-4-103; 4-5-202 and 204 and 33-1-302, 305 and 309, and 33-2-301 and 302 and 33-2-304.

### **0940-5-14-.03 CLINICAL OUTPATIENT SERVICES SERVICE REQUIREMENTS.**

- (1) The licensee must have the capacity to provide:
  - (a) Access to 24 hours per day, 7 days a week emergency phone services;
  - (b) In person mental health emergency services during regular office hours;
  - (c) Defined services in the agency's policies and procedures.

**Authority:** T.C.A. §§ 4-4-103; 4-5-202 and 204 and 33-1-302, 305 and 309; and 33-2-301 and 302 and 33-2-304.

### **0940-5-14-.04 CLINICAL OUTPATIENT SERVICES POLICIES AND PROCEDURES.**

- (1) The licensee must develop and maintain written policies and procedures regarding assessment including descriptions of valid and reliable assessment tools, tests and instruments that are age appropriate.

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- (2) The licensee must develop and maintain written policies and procedures regarding the provision of services at sites other than the facility which address the following requirements:
- (a) Environmental safety of the service site, in sites other than a personal residence or public location including but not limited to schools, churches, physicians, offices.
  - (b) Documentation of mechanisms to assure service recipient and staff safety.
  - (c) Documentation of mechanisms for staff supervision and oversight.
  - (d) Assurance of confidentiality of service recipient records in accordance with state and federal law.
  - (e) Documentation in the agency's main office of all off-site service locations by address, type of service offered and hours of operation.

**Authority:** T.C.A. §§ 4-4-103; 4-5-202 and 204 and 33-1-302, 305 and 309; and 33-2-301 and 302 and 33-2-304.

### **0940-5-14-.05 CLINICAL OUTPATIENT SERVICES PERSONNEL REQUIREMENTS.**

- (1) The licensee must provide:
- (a) Access to physician or physician extenders through a written agreement with, or employment of, a Tennessee licensed physician or physician extender. If the physician or physician extender is not a psychiatrist, the facility must arrange for the regular, consultative, and emergency services of a Tennessee licensed psychiatrist.
  - (b) Direct-treatment and/or rehabilitation services by qualified mental health professionals or by mental health personnel.
  - (c) At least one on-duty/on-site staff member trained in First Aid and the Heimlich maneuver.
  - (d) Staffing size and pattern based upon service recipients' needs.

**Authority:** T.C.A. §§ 4-4-103; 4-5-202 and 204 and 33-1-302, 305 and 309; and 33-2-301 and 302 and 33-2-304.

### **0940-5-14-.06 CLINICAL OUTPATIENT SERVICES ASSESSMENT REQUIREMENTS.**

- (1) The program must ensure that the following assessments are completed prior to the development of the Individual Plan of Care (POC):
- (a) Assessment of following areas:
    - 1. Emotional, psychological health;
    - 2. Community living skills;
    - 3. Independent living skills; and

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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 and 204 and 33-1-302, 305 and 309; and 33-2-301 and 302 and 33-2-304.

### **0940-5-14-.07 CLINICAL OUTPATIENT SERVICES INDIVIDUAL PLAN OF CARE REQUIREMENTS.**

- (1) A POC must be developed for each service recipient. The POC must be based on initial and on-going assessment of needs and strengths and must be completed within 30 days of admission or services being provided. The POC must be documented in the service recipient'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 I-V and/or ICD-9.
  - (d) Needs of the service recipient that are to be addressed within the particular service/program component.
  - (e) Identified strengths of the service recipient that are to be utilized in the POC.
  - (f) Individual goals that are related to specific needs identified and that are to be addressed by the particular service/program component.
  - (g) Interventions that address specific goals and objectives, identify staff responsible for interventions, and planned frequency of contact.
  - (h) Signatures of treatment staff developing plan, including physician when appropriate.
  - (i) 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.
  - (j) The licensee must review and revise as indicated, the POC every six (6) months. Services provided after every 6 month review must be justified and documented.

**Authority:** T.C.A. §§ 4-4-103; 4-5-202 and 204 and 33-1-302, 305 and 309; and 33-2-301 and 302 and 33-2-304.

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### **0940-5-14-.08 CLINICAL OUTPATIENT SERVICES INDIVIDUAL RECORD REQUIREMENTS.**

- (1) The individual record for each service recipient must contain the following information:
  - (a) Intake interview and initial assessment.
  - (b) A signed and dated original consent for treatment including documentation of informed consent for the medication, if applicable.
  - (c) The report of the mental status examination and other assessments, as appropriate.
  - (d) Progress notes which include written documentation that is service recipient specific of progress and changes that have occurred within the POC and at a minimum are documented after each service contact. Progress notes must be dated and minimally include the signature, with title or degree, of the person preparing the note.
  - (e) Laboratory and radiology results, if applicable.
  - (f) Documentation of all contacts with external services, including medical services.
  - (g) A discharge summary that states the service recipient's condition at the time of discharge and signature of the person preparing the summary.

*Authority:* T.C.A. §§ 4-4-103; 4-5-202 and 204 and 33-1-302, 305 and 309; and 33-2-301 and 302 and 33-2-304.

### **0940-5-14-.09 MENTAL HEALTH CASE MANAGEMENT SERVICES REQUIREMENTS.**

- (1) The licensee must have capacity to provide:
  - (a) Telephone and in person access to mental health emergency services to individuals currently enrolled 24 hours per day, 7 days a week basis.
  - (b) Off-site services at a safe location based upon service recipients' needs.
  - (c) Access to other needed mental health services through referrals to other providers.
  - (d) The majority of mental health case management services at off-site locations.
  - (e) Follow-up services to assess the needs of service recipients for referral and coordination with other providers.

*Authority:* T.C.A. §§ 4-4-103; 4-5-202 and 204 and 33-1-302, 305 and 309; and 33-2-301 and 302 and 33-2-304.

### **0940-5-14-.10 MENTAL HEALTH CASE MANAGEMENT SERVICES POLICIES AND PROCEDURES.**

- (1) The licensee must develop and maintain policies and procedures that describe the method through which the case managers interact with other providers to ensure that the service recipient is receiving care or services.

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- (2) The licensee must develop and maintain a policy which prohibits employees from referring, directly assisting, or placing service recipients who require personal care, as defined by rule to unlicensed personal care facilities. The policy must also require documentation that an employee made efforts to assist individuals with selecting housing that has minimum life safety features of smoke detector(s), and fire extinguisher(s), and is clean and free of roaches and rodents, when service recipients do not require personal care.

**Authority:** T.C.A. §§ 4-4-103; 4-5-202 and 204 and 33-1-302, 305 and 309; and 33-2-301 and 302 and 33-2-304.

### **0940-5-14-.11 MENTAL HEALTH CASE MANAGEMENT SERVICES PERSONNEL REQUIREMENTS.**

- (1) The licensee must provide:
  - (a) Regular, consultative, and emergency services of a Tennessee licensed psychiatrist, or arrange for such services;
  - (b) Clinical supervision of mental health personnel by a licensed qualified mental health professional;
  - (c) Direct service staff who are mental health personnel;
  - (d) Services to children by a child psychiatrist or qualified mental health professional with mental health experience with children, 7 days a week, 24 hours per day or have such staff available;
  - (e) Mental health case managers with experience in serious mental illnesses and treatment interventions, psychosocial interventions, community treatment and natural resources, self-help and recovery concepts.

**Authority:** T.C.A. §§ 4-4-103; 4-5-202 and 204 and 33-1-302, 305 and 309; and 33-2-301 and 302 and 33-2-304.

### **0940-5-14-.12 MENTAL HEALTH CASE MANAGEMENT SERVICES INDIVIDUAL ASSESSMENT REQUIREMENTS.**

- (1) The licensee must ensure that the following assessments are completed prior to the development of the individual (POC):
  - (a) Emotional, psychological health;
  - (b) Educational;
  - (c) Housing;
  - (d) Financial;
  - (e) Legal;
  - (f) Social;

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- (g) Vocational; and
- (h) Physical Health.
- (i) Basic medical history and current health information;
- (j) A six (6) month history of prescribed medications, frequently used over-the-counter medications, and alcohol and/or other drug use; and
- (k) History of prior mental health and alcohol and drug treatment episodes.

**Authority:** T.C.A. §§ 4-4-103; 4-5-202 and 204 and 33-1-302, 305 and 309; and 33-2-301 and 302 and 33-2-304.

### **0940-5-14-.13 MENTAL HEALTH CASE MANAGEMENT SERVICES INDIVIDUAL PLAN OF CARE (POC) REQUIREMENTS.**

- (1) A POC 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 30 days of admission or services being provided. The POC must be documented in the service recipient'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 I-V and/or ICD-9;
  - (d) Service recipient identified needs and strengths that are to be addressed within the particular service/program component;
  - (e) Individual goals that are related to specific needs identified by the service recipient and that are to be addressed by the particular service/program component;
  - (f) Interventions case management will link the service recipient to that address, specific goals and objectives, identify the person responsible for interventions, and planned frequency of contact;
  - (g) Signatures of treatment staff developing plan, including physician and nurse when appropriate;
  - (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) The licensee must review and revise as indicated, the POC after every six (6) months. Signature of service recipient (and/or parent, guardian, conservator, or legal guardian) must be indicated on the revised plan;
  - (j) The intensity of service provided (i.e., frequency of contact, type of case management, staff to client ratio) is based upon the needs of the service recipient.



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**Authority:** T.C.A. §§ 4-4-103; 4-5-202 and 204 and 33-1-302, 305 and 309; and 33-2-301 and 302 and 33-2-304.

### **0940-5-14-.14 MENTAL HEALTH CASE MANAGEMENT SERVICES INDIVIDUAL RECORD REQUIREMENTS.**

- (1) The individual record for each service recipient must contain the following information:
  - (a) Initial and on-going case management assessments;
  - (b) Signed and dated originals consent to participate in service;
  - (c) Documentation of clinical records from the service recipient's health and mental health providers;
  - (d) Progress notes which must include written documentation of specific progress and changes that have occurred within the Plan of Care and at a minimum are documented after each service contact. Progress notes must be dated and minimally include the signature, with title or degree, of the person preparing the note.
  - (e) Documentation of all staff contacts when services are not rendered directly by the licensee, including medical.
  - (f) Documentation at the time case management services is concluded that states the service recipient's condition at the time of discharge and is signed by the person preparing the summary.
  - (g) An individualized crisis plan that documents common stressors for the person, signs of decompensation, and plans to intervene under these circumstances.

**Authority:** T.C.A. §§ 4-4-103; 4-5-202 and 204 and 33-1-302, 305 and 309; and 33-2-301 and 302 and 33-2-304.

### **0940-5-14-.15 CRISIS SERVICES SERVICE REQUIREMENTS.**

- (1) The licensee must have capacity to provide:
  - (a) Telephone and in person services 24 hours per day, 7 days a week that are accessed via a publicized toll-free telephone crisis line;
  - (b) Off-site services at a safe location based upon service recipients' needs;
  - (c) Available less restrictive alternatives and inpatient psychiatric services;
  - (d) Access to crisis respite services as appropriate;
  - (e) Access to psychiatric evaluations;
  - (f) Access to medication assessment and administration;

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- (g) Access to providers who can complete certificates of need for involuntary hospitalizations according to state law;
- (h) Follow-up to service recipient who was seen in person.

**Authority:** T.C.A. §§ 4-4-103; 4-5-202 and 204 and 33-1-302, 305 and 309; and 33-2-301 and 302 and 33-2-304.

### **0940-5-14-.16 CRISIS SERVICES POLICIES AND PROCEDURES.**

- (1) The licensee must develop and maintain written policies and procedures for the provision of crisis services that include the following:
  - (a) Access to medical consultation;
  - (b) Referrals to emergency medical services when indicated;
  - (c) Transportation arrangements
  - (d) Connections with community entities and providers, including crisis respite services;
  - (e) Location of off-site services, including sites where services are provided and guidelines regarding when services are to be provided;
  - (f) Legal requirements regarding the rights of the service recipient;
  - (g) Response time standards;
  - (h) Provisions to assure that all requests for phone and in person services are responded to regardless of payment source;
  - (i) Post-crisis follow-up conditions and procedures;
  - (j) Coordination with local law enforcement and community correctional facilities.

**Authority:** T.C.A. §§ 4-4-103; 4-5-202 and 204 and 33-1-302,305 and 309; and 33-2-301 and 302 and 33-2-304.

### **0940-5-14-.17 CRISIS SERVICES PERSONNEL REQUIREMENTS.**

- (1) The licensee must provide:
  - (a) Consultation from a psychiatrist or medical doctor with mental health expertise, 24 hours per day, 7 days a week;
  - (b) Clinical supervision of mental health personnel by a licensed qualified mental health professional;
  - (c) Direct service staff, including staff answering the crisis telephone line, must at least be mental health personnel as defined by rule;

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- (d) Crisis services to children or youth by a child psychiatrist or a clinically licensed mental health professional with mental health experience with children, 7 days a week, 24 hours per day or have such staff available;
- (e) Crisis services staff with experience in serious mental illnesses/serious emotional disturbances and treatment interventions, psychosocial interventions, community treatment and community resources, safety, substance abuse, self-help and recovery concepts;
- (f) Staffing size and patterns based upon the needs of the service recipients, including geographic influences and factors. The staffing plan must adequately address safety of both staff and service recipients, supervision needs of service recipients, and the ability to provide crisis services in a timely manner based on patterns of volume demands.

**Authority:** T.C.A. §§ 4-4-103; 4-5-202 and 204 and 33-1-302, 305 and 309; and 33-2-301 and 302 and 33-2-304.

### **0940-5-14-.18 CRISIS SERVICES INDIVIDUAL ASSESSMENT REQUIREMENTS.**

- (1) The licensee must ensure that the following assessments are completed at the time of the initial contact:
  - (a) Assessment to determine when a service recipient needs in person service;
  - (b) Screening to determine dangerousness;
  - (c) Alcohol and substance abuse screening;
  - (d) Lethality assessment;
  - (e) Assessment to determine services/interventions needed to address the crisis situation.

**Authority:** T.C.A. §§ 4-4-103; 4-5-202 and 204 and 33-1-302, 305 and 309; and 33-2-301 and 302 and 33-2-304.

### **0940-5-14-.19 CRISIS SERVICES INDIVIDUAL RECORD REQUIREMENTS.**

- (1) The licensee must ensure that each service recipient's record includes the following information:
  - (a) Documentation of the presenting problem, intervention(s) provided, disposition and follow-up contacts (including outcomes) for service recipients seen in person;
  - (b) Documentation of all incoming calls and disposition must be maintained on a daily basis.

**Authority:** T.C.A. §§ 4-4-103; 4-5-202 and 204 and 33-1-302, 305 and 309; and 33-2-301 and 302 and 33-2-304.

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### 0940-5-14-.20 CRISIS SERVICES WALK-IN/TRIAGE CENTER REQUIREMENTS.

- (1) If a licensee offers crisis services through a walk-in/triage center the following additional requirements apply:
  - (a) Medications may be administered to service recipients at a walk-in triage center if:
    1. The service recipient is currently receiving outpatient services from the provider operating the walk-in/triage center and clinical records are readily accessible and appropriately licensed personnel are available to administer the medication; or
    2. If symptoms are exhibited which warrant medication while the service recipient is at the walk-in/triage center and appropriately licensed personnel are available to assess the need for medication, prescribe medication, and administer the medication.
  - (b) Chemical restraint shall not be utilized in a walk-in/triage center;
  - (c) Sufficient seating shall be available in the walk-in/triage center waiting area to accommodate the number of services recipients typically present based on patterns of utilization. If the walk-in/triage center serves both adults and children and youth, consideration must be given to separation of service recipients by age, either through use of separate waiting areas or through constant direct supervision of the waiting area by mental health personnel. Walk-in/triage centers are not residential facilities and therefore shall not provide beds for service recipients;
  - (d) Restroom facilities must be available in a location proximate to the walk-in/triage center location. If the restroom facilities are not readily accessible within the walk-in/triage center, service recipients must be given access by staff upon request;
  - (e) Need for sustenance must be addressed during the initial assessment and during the course of the time the service recipient is at the walk-in/triage center. Food and beverages must be available as deemed appropriate based on the assessment;
  - (f) If quiet rooms are available in the walk-in/triage center for voluntary use by service recipients, these rooms must not be locked and sufficient personnel must be present to supervise use of quiet rooms.

**Authority:** T.C.A. §§ 4-4-103; 4-5-202 and 204 and 33-1-302, 305 and 309; and 33-2-301 and 302 and 33-2-304.

### 0940-5-14-.21 CRISIS RESPITE SERVICES REQUIREMENTS.

- (1) The licensee must have capacity to provide:
  - (a) Crisis respite services 24 hours per day, 7 days a week that are accessed via referral from a mental health crisis services provider or other qualified mental health professionals;
  - (b) Services at safe locations based upon service recipient need;
  - (c) Access to medication assessment and administration; and

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- (d) Follow-up to determine if the service recipient who was seen in person has accessed recommended services.

**Authority:** T.C.A. §§ 4-4-103; 4-5-202 and 204 and 33-1-302, 305 and 309; and 33-2-301 and 302 and 33-2-304.

### **0940-5-14-.22 CRISIS RESPITE SERVICES POLICIES AND PROCEDURES.**

- (1) The licensee must develop and maintain written policies and procedures that address:
  - (a) Admission criteria;
  - (b) Referral processes;
  - (c) Discharge or transition plans;
  - (d) Management of escalating psychiatric/behavioral or emerging medical symptoms;
  - (e) Referrals to emergency psychiatric or medical services when indicated;
  - (f) Use of medication, including provisions for self-administration;
  - (g) Staffing qualifications and requirements;
  - (h) Availability of clinical supervision, consultation, and back-up;
  - (i) Safety concerns for both service recipients and staff;
  - (j) Separation of adults and children/youth, if the crisis respite service serves both age groups;
  - (k) Provision of food and beverages for service recipients receiving crisis respite services, as well as accommodations for sleeping and showering, based on the length of time a service recipient is receiving crisis respite services; and
  - (l) Legal requirements regarding the rights of the service recipient.
- (2) The licensee must develop and maintain written policies and procedures that address the provision of crisis respite services at sites other than a licensed site. Policies and procedures must include the following:
  - (a) In sites other than a personal residence or public location, the environmental safety of the service site;
  - (b) The adherence of off-site locations to all applicable agency policies and procedures;
  - (c) Documentation of mechanisms to assure client and staff safety;
  - (d) Documentation of mechanisms for staff supervision and oversight;
  - (e) Confidentiality of client records in accordance with state and federal law; and

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- (f) Documentation of all off-site service locations by address and type of setting.

**Authority:** T.C.A. §§ 4-4-103; 4-5-202 and 204 and 33-1-302, 305 and 309; and 33-2-301 and 302 and 33-2-304.

### **0940-5-14-.23 CRISIS RESPITE SERVICES PERSONNEL REQUIREMENTS.**

- (1) The licensee must provide:
- (a) Consultation available from a qualified mental health professional 24 hours per day, 7 days a week. If providing crisis services to children or youth, consultation must be available from a qualified mental health professional trained and experienced in child mental health 24 hours per day, 7 days a week. The qualified mental health professional must have access to consultation from a psychiatrist or psychiatric nurse practitioner 24 hours per day, 7 days per week, if indicated;
  - (b) Supervision of respite companions provided by qualified mental health professionals.
  - (c) Staffing size and patterns based upon the scope of the crisis respite service and the needs of the service recipients. The staffing plan must adequately address safety of both staff and service recipients, supervision needs of service recipients, and the provision of consultation by qualified mental health professionals;
  - (d) Respite companions who meet the following criteria:
    - 1. Age 18 or older;
    - 2. Receive Pre-service and annual refresher training on:
      - (i) Crisis intervention and de-escalation;
      - (ii) Cultural diversity;
      - (iii) Medication awareness;
      - (iv) Universal precautions;
      - (v) Therapeutic communication;
      - (vi) Mental illness/substance abuse;
      - (vii) Accessing emergency psychiatric and medical services; and
      - (viii) Service recipient rights.
    - 3. Demonstrate competence in the skills, knowledge, tasks required for the provision of crisis respite services; and
    - 4. Conduct criminal background and reference checks on all respite companions as required for employees, whether the respite companion is directly employed by the agency or not.

## RULEMAKING HEARINGS

*Authority:* T.C.A. §§ 4-4-103; 4-5-202 and 204 and 33-1-302, 305 and 309; and 33-2-301 and 302 and 33-2-304.

### **0940-5-14-.24 CRISIS RESPITE SERVICES INDIVIDUAL RECORD REQUIREMENTS.**

- (1) The individual record for each service recipient must contain the following information:
  - (a) Documentation of the services provided;
  - (b) Contacts with qualified mental health professionals;
  - (c) Progress toward stabilization goals; and
  - (d) Disposition and follow-up arrangements (if applicable).
- (2) An individualized crisis respite plan must be developed in conjunction with a qualified mental health professional and agreed to in writing by the service recipient and family member or caregiver (when applicable and available). This plan must address:
  - (a) Stabilization goals;
  - (b) Safety concerns;
  - (c) Services and assistance needed while in respite, including the frequency of contact with a qualified mental health professional; and
  - (d) Disposition plan, including arrangements for clinical follow-up, if indicated.

*Authority:* T.C.A. §§ 4-4-103; 4-5-202 and 204 and 33-1-302, 305 and 309; and 33-2-301 and 302 and 33-2-304.

### **REPEALS**

Rule 0940-5-14-.01 is repealed  
Rule 0940-5-14-.02 is repealed  
Rule 0940-5-14-.03 is repealed  
Rule 0940-5-14-.04 is repealed  
Rule 0940-5-14-.05 is repealed  
Rule 0940-5-14-.06 is repealed

*Authority:* T.C.A. §§ 4-4-103; 4-5-202 and 204 and 33-1-302, 305 and 309; and 33-2-301 and 302 and 33-2-304.

This notice of rulemaking set out herein was properly filed in the Department of State on the 29th day of June, 2006. (06-38)