

## Notice of Rulemaking Hearing

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, 4-05-202, 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 4-05-204 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, Tennessee at 10:00 a.m. Daylight Savings Time on the 18<sup>th</sup> day of April, 2007.

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 0940-05-18

#### Minimum Program Requirements For Mental Health Crisis Stabilization Unit Facilities

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0940-05-18-.01 Definitions.

- (1) Crisis Stabilization Unit - A crisis stabilization unit (CSU) is specifically designed for service recipients 18 years and older in need of short-term stabilization (up to 96 hours), who do not meet the criteria for other treatment resources, other less restrictive treatment resources are not available, or the service recipient is agreeable to receive services voluntarily at the CSU and meet admission criteria. If necessary, in order to assure that adequate arrangements are in place to allow for the safe discharge of the service recipient, the length of stay may be extended by up to 24 hours.
- (2) Advance Practice Nurse – For the purpose of this chapter an advance practice nurse (APN) means a registered nurse with a master’s degree or higher in a nursing specialty with two (2) years of psychiatric experience, a current national specialty certification and certification by the Tennessee Board of Nursing to prescribe and/or issue legend drugs.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 4-05-204, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 33-2-302, and 33-2-404.

0940-05-18-.02 Application Of Rules For Mental Health Crisis Stabilization Unit Facilities.

- (1) Applicable rules for Health Care Occupancy classification;
- (2) Applicable rules for Adequacy of Facility Environment and Ancillary Services;
- (3) Applicable Minimum Program Requirements for all Facilities;
- (4) Minimum Program Requirements for Mental Health Crisis Stabilization Unit Facilities;
- (5) Chapter 0940-3-6 Hospital Isolation and Restraint.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 4-05-204, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 33-2-302, and 33-2-404.

0940-05-18-.03 Policies And Procedures For Crisis Stabilization Unit Facilities.

- (1) The program must maintain written policies and procedures in accordance with Chapter 0940-05-6. In addition, policies and procedures must include:
  - (a) Policies which address the procedure for the prescription and administration of psychotropic medications, including policies and procedures for determining lack of capacity to consent to treatment.
  - (b) Policies and procedures for referral to services outside the program.
  - (c) Policies and procedures for the provision of non-emergency transportation of service recipients.
  - (d) Policies and procedures for procuring medical treatment or monitoring primary physician medications of service recipients while in the crisis stabilization program.

- (e) Policies and procedures related to Treatment Review Committee responsibilities under TCA 33-6-107.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 4-05-204, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 33-2-302, and 33-2-404.

0940-05-18-.04 Personnel And Staffing Requirements In Crisis Stabilization Unit Facilities.

- (1) The program must have a designated director or administrator who is responsible for the management and operation of the facility.
- (2) A Tennessee licensed physician or APN must provide general medical services, prescription of medications, and treatment. If the physician is not a psychiatrist, such coverage must be provided by a Tennessee licensed physician with psychiatric expertise, as defined by training, education or experience with consultation from a psychiatrist. The provider of these services must be on call twenty-four (24) hours per day and must make daily rounds.
- (3) At least one registered nurse, or physician assistant must be on duty and in program twenty-four (24) hours per day, 7 days per week.
- (4) The on-site and in program ratio of mental health personnel must not be less than one (1) full time equivalent (FTE) staff for every five (5) service recipients present. At no point shall there be fewer than two (2) staff present, one (1) of whom must be staff as identified in (3) above.
- (5) Mental health services must be provided by mental health personnel with expertise appropriate to the service recipient's needs.
- (6) At least one (1) on-duty/on-site staff member must be certified in Cardiopulmonary Resuscitation (CPR) and trained in First Aid and the abdominal thrust maneuver.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 4-05-204, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 33-2-302, and 33-2-404.

0940-05-18-.05 Individual Plan Of Care (IPC) Requirements For Crisis Stabilization Unit Facilities.

- (1) A plan must be developed for each service recipient. The plan must be based on initial and on-going assessment of needs, designed to resolve the immediate psychiatric crisis, and be completed within six (6) hours of admission. The (IPC) must be documented in the service recipient's record and must include the following:
  - (a) The service recipient's name;
  - (b) The date and time of plan development;
  - (c) Standardized diagnostic formulations(s) including, but not limited to the current Diagnostic and Statistical Manual (DSM) and/or ICD-9;
  - (d) Problems and strengths of the service recipient that are to be addressed;
  - (e) Observable and measurable individual objectives that relate to the specific problems identified;

- (f) Interventions that address specific objectives , identify staff responsible for interventions, and planned frequency;
- (g) Signatures of treatment staff responsible for developing plan, including physician or APN;
- (h) Signature of service recipient (and/or parent/guardian, conservator, legal custodian or attorney in-fact). Reasons for refusal to sign and/or inability to participate in IPC development must be documented;
- (i) A projected discharge date and anticipated post discharge needs including documentation of resources needed in the community;
- (j) A review of the IPC must occur at least daily or upon completion of the stated goal(s) and objectives(s) and must include the following documentation:
  - 1. Dated signature(s) of appropriate treatment staff, including physician or APN;
  - 2. Progress toward each treatment objective, with revision as indicated;
  - 3. Status of discharge plans, including availability of resources needed in the community, with revisions as indicated; and
  - 4. 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.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 4-05-204, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 33-2-302, and 33-2-404.

0940-05-18-.06 Individual Record Requirements For Crisis Stabilization Unit Facilities.

- (1) The individual record for each service recipient must contain the following information:
  - (a) Intake interview and initial physical assessment;  
(Rule 0940-05-18-.06, continued)
  - (b) A signed and dated original consent for treatment including documentation of informed consent for the administration of medication, if applicable;
  - (c) The report of the mental status examination and other mental health assessments, as appropriate;
  - (d) Daily progress notes by physician, APN, nurses and other mental health professions, as applicable;
  - (e) Laboratory and radiology results, if applicable;
  - (f) Documentation of all contacts with external medical and other services;
  - (g) Original documentation of all crisis stabilization service prescriber medication orders;

- (h) A discharge summary with prognosis justified by explanation;
- (i) List of personal property, including its disposition if no longer with the service recipient;
- (j) Documentation of significant behavioral events and actions taken by staff;
- (k) Documentation of discharge disposition, including aftercare arrangements, if applicable.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 4-05-204, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 33-2-302, and 33-2-404.

0940-05-18-.07 Medication Administration In Crisis Stabilization Unit Facilities.

- (1) Medications must be ordered by a Tennessee licensed physician, APN, dentist, podiatrist, nurses authorized by law, or other professionally educated practitioners functioning under medical protocol.
- (2) All medication must be administered by Tennessee licensed medical or nursing personnel or by other qualified personnel as allowed by Tennessee law and in accordance with the medical protocol of the facility/program.
- (3) "Oral" or "Telephone" orders may be issued by the physician or APN. These orders must be taken by a licensed nurse, or physician assistant, qualified by training and experience, and categorically approved by the medical staff of the facility/program. Upon hearing the order, the receiver shall record the order in the service recipient's record, and then shall read back the written order to the issuing professional to assure that the order is understood clearly. "Oral" and "Telephone" orders must be documented as such and staff recording must sign their name and title. "Oral" and "Telephone" orders must be countersigned by the prescribing professional at the next service recipient contact but not to exceed 72 hours.
- (4) Legend drugs must be dispensed only by a licensed pharmacist.
- (5) All medication errors, drug reactions and suspected drug overmedication must be documented and reported to the practitioner who prescribed the drugs.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 4-05-204, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 33-2-302, and 33-2-404.

0940-05-18-.08 Storage Of Medications And Poisons In Crisis Stabilization Unit Facilities.

- (1) Prescription medication must be legally dispensed and labeled according to State law.  
(Rule 0940-05-18-.08, continued)
- (2) All medications, poisons and other preparations intended for internal or external human use must be stored in medicine cabinets or drug rooms. When preservation of the medication, poison, or other preparations depends upon refrigeration, the facility must provide a means of securely refrigerating these items. Such cabinets or drug rooms must be kept securely locked when not in use, and the key must be in the possession of the supervising nurse or other authorized person.

- (3) Schedule II drugs must be stored within two (2) separately locked compartments at all times and accessible only to persons in charge of administering medication.

Authority: T.C.A. §§4-4-103, 4-5-202, 4-05-204, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 33-2-302, and 33-2-404.

0940-05-18-.09 Disposition Of Unused Medications In Crisis Stabilization Unit Facilities.

- (1) Any unused portions of program-prescribed medication(s) must be either turned over to the service recipient with written authorization and directions by the physician, APN or returned to a pharmacy for proper disposition by the pharmacist.
- (2) Whenever a service recipient brings his/her own prescribed medications into the facility, such medications must not be administered unless identified and ordered by a physician. If such medications cannot be administered, they must be packaged, sealed, and returned to an adult member of the service recipient's immediate family, legal guardian/conservator, or securely stored and returned to the service recipient upon discharge. However, if previously prescribed medication(s) would prove harmful to the service recipient, they may be withheld from the service recipient and disposed of as in (1) above. There must be physician documentation in the service recipient's clinical record citing the dangers or contraindications of the medication(s) being withheld.

Authority: T.C.A. §§4-4-103, 4-5-202, 4-05-204, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 33-2-302 and 33-2-404.

Repeals

- 0940-05-18-.01 Definitions are repealed.
- 0940-05-18-.02 Application of Rules for Mental Health Crisis Stabilization Services is repealed.
- 0940-05-18-.03 Policies and Procedures For Crisis Stabilization Services is repealed.
- 0940-05-18-.04 Personnel and Staffing Requirements in Crisis Stabilization Services is repealed.
- 0940-05-18-.05 Individual Plan of Care (IPC) Requirements For Crisis Stabilization Services is repealed.
- 0940-05-18-.06 Individual Record Requirements For Crisis Stabilization Services is repealed.
- 0940-05-18-.07 Medication Administration In Crisis Stabilization Services is repealed.
- 0940-05-18-.08 Storage of Medications And Poisons is repealed
- 0940-05-18-.09 Disposition of Unused Medications is repealed
- 0940-05-18-.10 Reserved is repealed.

Authority: T.C.A. §§4-4-103, 4-5-202, 4-05-204, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 33-2-302 and 33-2-404.

The notice of rulemaking set out herein was properly filed in the Department of State on the 15th day of February, (FS 02-20-07, DBID 594)