TENNESSEE

This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.

Types of Facilities

Mental Health (MH): Tennessee regulates:

- Mental Health Residential Treatment Facility (MHRTF): A community-based facility that offers 24 hour residential care with a treatment and rehabilitation component. The focus of the program may be on short-term crisis stabilization or on long-term rehabilitation that includes training in community living skills, vocational skills, and/or socialization. Access to medical services, social services, and MH services are ensured and are usually provided off site.

- Crisis Stabilization Unit (CSU): A CSU is designed for service recipients ages 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 the adequate arrangements are in place to allow for safe discharge, the length of stay may be extended up to 24 hours.

- Adult Supportive Residential Facility (ASRF): A MH residential program that provides 24 hours residential care with a treatment and rehabilitation component less intensive than required in a MHRTF. Access to medical services, social services, and MH services are ensured and are usually provided off-site, although limited MH treatment and rehabilitation may be provided on site.

Substance Use Disorder (SUD): Tennessee regulates:

- Alcohol and Drug Residential Rehabilitation Treatment Facility for Adults (RRTF): A residential program for service recipients at least 18 years of age, which offers highly structured services with the primary purpose of restoring service recipients with alcohol and/or drug abuse or dependency disorders to levels of positive functioning and abstinence appropriate to the service recipient. A primary goal of these services is to move service recipients into less intensive levels of care and/or reintegration into the community as appropriate.

- Alcohol and Drug Halfway House Treatment Facility (HHTF): A transitional residential program providing services to service recipients with alcohol and/or drug abuse or dependency disorders with the primary purpose of establishing vocational stability and counseling focused on re-entering the community. Service recipients are expected to be capable of self-administering medication, working, seeking work, or attending vocational/educational activities away from the residence for part of the day.

- Alcohol and Drug Residential Detoxification Treatment Facility (RDF): An intensive 24 hour residential treatment for service recipients at least 18 years of age to systematically reduce or eliminate the amount of a toxic agent in the body until the signs and symptoms of withdrawal are resolved. The two levels of residential detoxification treatment are: (a) clinically managed detoxification treatment; and (b) medically monitored detoxification treatment. Clinically managed detoxification treatment emphasizes social and peer support and relies on established clinical protocols to determine whether service recipients need a higher level of care to manage withdrawal (Level III.2-D). Medically monitored residential detoxification treatment uses medical and nursing professionals to manage withdrawal signs and symptoms without the full resources of an acute care or psychiatric hospital (Level III.7-D). Both levels of residential detoxification services can be offered in a community setting or a specialty unit within a hospital.

Unregulated Facilities: There are no unregulated residential treatment facilities in Tennessee. We exclude from this summary Mental Health Supportive Living Facilities which do not provide the level of clinical care within the scope of this summary and any similar facilities that do not require clinical treatment.

Approach

The Tennessee Department of Mental Health and Substance Abuse Services (DMHSAS) regulates all residential MH and SUD treatment providers in the state.

Processes of Licensure or Certification and Accreditation

Mental Health (MH) and Substance Use Disorder (SUD): Initial and full licensure by the DMHSAS is required for all mental health or substance abuse residential services. Provisional licenses also may be issued.

- Accreditation is not required but accreditation by the Joint Commission or Council on Accreditation of Rehabilitation Facilities, confers deemed status as compliance with applicable licensure program requirements.

- An inspection is required for licensure and renewal; the inspection focuses on compliance with laws and regulations. At least one unannounced inspection occurs annually.

- The state does not require a Certificate of Need.

- Licensure duration is one year.

Cause-Based Monitoring

Mental Health (MH) and Substance Use Disorder (SUD): Licenses may be denied, suspended, or revoked. The Department may inspect the premises with or without notice to the licensee. A plan of compliance may be required upon identification of deficiencies. Civil penalties may be imposed.

Access Requirements

Mental Health (MH) and Substance Use Disorder (SUD): Regulations regarding wait times were not identified although state staff indicate that an online process does exist.

Staffing

Mental Health (MH) and Substance Use Disorder (SUD): Personnel records must document, among other things, that the personnel meet specific standards and has completed all required training and development activities.

Mental Health (MH):

- MHRTF: Treatment and rehabilitation services must be provided by MH professionals or MH personnel and under the direct clinical supervision of a licensed MH professional. The program must provide access to medical services via a written agreement or employment of a licensed physician. If the physician is not a psychiatrist, the program must arrange for the regular, consultative, and emergency services of a licensed psychiatrist. Extensive requirements are in place for level of staffing and staffing ratios including for direct care staff and the program must provide at least one on-duty staff member at all times who is certified in cardiopulmonary resuscitation (CPR) and trained in first aid, and the Heimlich maneuver.

- CSU: The program must have a designated director or administrator who is responsible for the management and operation of the facility. A qualified prescriber must provide general medical services, prescription of medications, and treatment. If the qualified

prescriber is not a psychiatrist, the qualified prescriber must have psychiatric expertise. The qualified prescriber must be on call 24 hours per day and make daily rounds. At least one registered nurse, nurse practitioner or physician assistant must be on duty and in program at all times. Additional requirements apply to MH personnel and other staff, including staffing ratios. At least one on-duty and on-site staff member must be certified in cardiopulmonary resuscitation (CPR) and trained in first aid, the abdominal thrust maneuver and standard precautions for infection control.

- ASRF: All MH personnel must be under the supervision of a licensed mental health professional and all direct care staff under the supervision of a MH professional. The facility must provide adequate supervision by an adult who is knowledgeable of rules, policies and procedures relevant to the facility's operation. Staffing levels or ratios are in place, including for direct care staff and MH staff. The program must arrange for the regular, consultative, and emergency services of a licensed psychiatrist and there must be continual back-up coverage by staff trained to handle acute psychiatric problems. Hours of annual training for direct care staff are specified. The program must, at all times, provide at least one on-duty staff member certified in cardiopulmonary resuscitation (CPR) and trained in First Aid and the Abdominal Thrust Maneuver.

Substance Use Disorder (SUD):

- RRTF and HHTF: Direct treatment and/or rehabilitation services must be provided by qualified alcohol and drug abuse personnel and a physician must be employed or retained by written agreement to serve as medical consultant. Requirements are in place for staff who are certified in cardiopulmonary resuscitation (CPR) and trained in first aid, the abdominal thrust technique, and standard precautions for infection control, must be on-duty at all times. Requirements also exist for staffing ratios. The facility must follow specific standards regarding STD/HIV and TB, including regarding training.

- RDF: Direct services must be provided by qualified alcohol and drug abuse personnel. Requirements are in place for medication administration and staff ratios. Facilities providing clinically managed detoxification must employ or retain a physician with training or experience in addiction medicine to serve as medical consultant to the program. The facility must have a physician, physician assistant, or nurse practitioner available 24 hours a day by telephone for medical evaluation and consultation. A facility providing medically monitored detoxification must make available hourly or more frequent monitoring if needed by a licensed nurse. All on-duty and on-site direct care staff must be certified in cardiopulmonary resuscitation (CPR) and trained in first aid, the abdominal thrust and standard precautions for infection control as defined by the Centers for Disease Control and Prevention (CDC). The facility must provide staff education/training regarding STD/HIV and techniques to screen for potentially aggressive or violent service recipients and training in techniques to de-escalate anger and aggression in service recipients. All medical staff in facilities providing medically monitored detoxification and all direct service staff in facilities providing clinically managed detoxification must receive

documented training before having unsupervised direct contact with service recipients. Training topics are specified.

Placement

Mental Health (MH):

- For an MHRTF, specified assessments must be performed prior to development of the recipient's Plan of Care.

- For an ASRF, policies must provide for admission only of persons who meet certain criteria related to, among others, self-care, ability to recognize danger, and maintain appropriate behaviors tolerable to the community.

- A CSU is designed for adults in need of short-term stabilization, 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 meets admission criteria.

Substance Use Disorder (SUD):

- For an RRTF, policies must include exclusion and inclusion criteria for service recipients seeking facility services. The facility must document specified assessments were completed prior to development of the Individual Program Plan (IPP).

- For an HHFT, the policies must include exclusion criteria for service recipients not appropriate for the facility's services. The facility must document specified assessments were completed prior to development of the IPP.

- For an RDF, the policies must include inclusion and exclusion criteria for service recipients. The latter must include written admission protocols to screen for potentially aggressive or violent service recipients. For facilities providing clinically managed detoxification, assessment on admission by trained staff using a physician-approved protocol is required to determine if detoxification can safely occur in a clinically managed setting. For facilities providing clinically managed detoxification with self-administered detoxification medications, procedures for a physical examination is required as part of the initial assessment. For facilities providing medically monitored detoxification, procedures must include assessment by a medical professional, to determine whether services can be safely provided in that setting. For facilities providing medically monitored detoxification, a physical examination within 24 hours of admission is required. Policies must include program admission criteria related to the results of the physical assessment. The facility must document specified assessments were completed at admission, with additional

assessments if the facility provides medically monitored detoxification services. The American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC) is used to determine the level of residential detoxification treatment that will best meet a service recipient's needs.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH):

- MHRTF: An Individual Plan of Care (IPC) must be developed for each recipient within 72 hours of admission. Among other things, the IPC must include a discharge plan and must be reviewed every 30 days.

- CSU: An IPC must be developed based on initial and on-going assessment and be completed within 6 hours of admission. Review must occur at least daily. The IPC must include a discharge plan.

- ASRF: The client record must include a summary of the mental health service plan and crisis plan, and a housing transition plan.

Substance Use Disorder (SUD):

- RRTF and HHTF: An IPP must be developed within 7 days of admission and reviewed at least every 30 days for an RRTF and every 60 days for an HHTF. RRTF policies must include a description of its aftercare service. Aftercare plans must specify the type of contact, planned frequency of contact, and responsible staff; or documentation that the service recipient was offered aftercare but decided not to participate; or documentation that the service recipient dropped out of treatment and is therefore not available for aftercare planning; or verification that the service recipient is admitted for further alcohol and drug treatment services.

- RDF: An IPP must be developed within 24 hours of admission and must include, among other things, a discharge plan. RDF policies must include a description of its aftercare service. Before discharge, service recipients must be given instruction about dosages, appropriate use, and self-administration of medications after detoxification is complete.

Treatment Services

Mental Health (MH):

- MHRTF: The program must arrange access to qualified dental, medical, nursing, and pharmaceutical care. The program must ensure that each service recipient has had a physical examination within the 6 months prior to or within 30 days after admission. The program must arrange access to ongoing MH services not provided by the program and assist the service recipient in participating in such treatment. The program must arrange care for emergency services and must provide access to at least one Tennessee licensed MH professional at all times. If the professional is not a psychiatrist, the program must arrange for the regular, consultative, and emergency services of a psychiatrist. The program must provide back-up coverage by staff trained to handle acute psychiatric problems. The program must secure emergency services for service recipients who pose an imminent physical danger to themselves or others.

- ASRF: Coordinated and structured services are provided for adult service recipients that include personal care services, training in community living skills, vocational skills, and/or socialization. Mental health treatment and rehabilitation services may be provided on-site for up to 15 hours per week, if the services are provided by a licensed mental health outpatient facility. The facility must arrange for qualified dental, medical, nursing and pharmaceutical care for service recipients, including care for emergencies. The facility must provide or procure for each service recipient a physical examination, which includes routine screening and special studies as determined by the examining physician, within 30 days of admission unless the service recipient has had a physical examination within 90 days prior to admission.

- CSU: The facility must have policies and procedures for procuring medical treatment or monitoring primary physician medications of service recipients while in the program.

Substance Use Disorder (SUD):

- RRTF and HHTF: In addition to alcohol and drug treatment services, the facility must provide services to address recipient needs in the areas of social, family, and peer interactions; employment and educational needs; financial status; emotional and psychological health; physical health; and community living skills and housing needs, among others. Such services may be provided directly by the agency or indirectly by referral to other service providers.

- RDF: The facility must offer daily treatment services necessary to assess needs, help the service recipient understand addiction, and support the completion of the detoxification process. The facility must plan for discharge to address service recipient needs in the following areas: vocational, educational skills and academic performance; financial issues;

cognitive, socio-emotional, and psychological issues; social, family, and peer interactions; physical health; community living skills and housing information. Such services may be provided directly by the agency or indirectly by referral to other service providers. The facility must document either by written agreements or by program services access to an interdisciplinary team of appropriately trained clinicians to assess, obtain, and interpret information regarding service recipient needs. The number and disciplines of team members must be appropriate to the range and severity of the service recipient's problem. The facility must document the provision of 24 hours per day, 7 days per week availability of immediate medical evaluation and care. RDF policies and procedures must address referrals for recipients whose needs cannot be met to another level of care and must include procedures for more extensive medical intervention if a recipient has certain unstable medical conditions or pregnancy.

Patient Rights and Safety Standards

Mental Health (MH) and Substance Use Disorder (SUD): Clients have the following rights, among others: to be informed of their rights and of grievance procedures, to voice grievances, to be treated with respect, not to be neglected or abused, communication, privacy, and to vote. Use of isolation, mechanical restraint, and physical holding restraint are restricted by licensure category. Critical incidents must be reported.

Mental Health (MH):

- MHRTF: Recipients must be allowed to retain their own money unless specified otherwise in the Plan of Care. Physical holds may only be used in limited situations.

- ASRF: A policy must address methods for managing disruptive behavior; and there must be policy and procedures requiring that physical holds be conducted so as to minimize physical harm to the service recipient and used only when the service recipient poses an immediate threat under limited conditions. Upon admission to the facility, each service recipient shall be provided an orientation which must explain certain topics including service recipient rights and grievance procedures. Service recipients may not be denied adequate food, treatment/rehabilitative activities, religious activities, mail or other contacts with families as punishment. A service recipient may not be confined to his/her room or other place of isolation as punishment. This does not preclude requesting individuals to remove themselves from a potentially harmful situation in order to regain self-control.

Substance Use Disorder (SUD): For an RRTF, HHTF, or RDF, policies and procedures must address methods for managing disruptive behavior. If restrictive procedures are used to manage disruptive behaviors, the policies and procedures must comply with state regulations. Policies must include a requirement that the facility provide to the service recipient, upon

admission, a written statement outlining in simple, non-technical language all rights of service recipients. These rights must reflect that service recipients may not be denied adequate food, treatment/rehabilitative activities, religious activities, mail or other contacts with families as punishment. A service recipient may not be confined to his/her room or other place of isolation as punishment. This does not preclude requesting individuals to remove themselves from a potentially harmful situation in order to regain self-control.

Quality Assurance or Improvement

Mental Health (MH) and Substance Use Disorder (SUD): Facility policies must include a quality assurance procedure which assesses the quality of care at the facility. This procedure must ensure treatment has been delivered according to acceptable clinical practice.

Governance

Mental Health (MH) and Substance Use Disorder (SUD): The governing body must ensure that the facility complies with all applicable federal, state, and local laws, ordinances, rules, and regulations, and must ensure that the facility is administered and operated in accordance with written policies and procedures. The governing body must ensure that a written policies and procedures manual is maintained covering specified topics. The governing body must designate an individual responsible for the operation of the facility. The governing body must ensure that the licensed facility serves only persons whose placement will not cause the facility to violate its licensed status and capacity based on the facility's distinct licensure category, the facility's life safety occupancy classification, and required staffing ratios, if any.

Special Populations

Substance Use Disorder (SUD): The Department of Mental Health and Substance Abuse Services[1] indicates that the following are priority populations for licensed SUD treatment agencies:

- Pregnant Intravenous Drug Users.
- Pregnant Substance Users.
- Intravenous Drug Users.
- Medically Monitored Withdrawal Management (Crisis Detoxification).

[1] See https://www.tn.gov/behavioral-health/substance-abuse-services/treatment---recovery/treatment---recovery/treatment-for-pregnant-women-abusing-substances.html.

Location of Regulatory and Licensing Requirements

Rules of Department of Mental Health and Substance Abuse Services: Definitions[2]; Licensure[3]; Distinct Service Categories[4]; Minimum Program Requirements[5]; MH Adult Residential[6]; MH CSU[7]; Alcohol and Drug Halfway House; Residential Detoxification[8]; Alcohol and Drug Residential Rehabilitation[9]; Isolation and Restraint[10]; Department of Mental Health and Substance Abuse Services[11]. Regulatory data collected September 19, 2019.

Other Information Sources

A. Pettry, L. McCorkle (TDMHSAS); National Conference of State Legislatures CON Program Overview, http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx

[2] See https://publications.tnsosfiles.com/rules/0940/0940-05/0940-05-01.20081229.pdf.

[3] See https://publications.tnsosfiles.com/rules/0940/0940-05/0940-05-02.20190627.pdf.

[4] See https://publications.tnsosfiles.com/rules/0940/0940-05/0940-05-03.pdf.

[5] See https://publications.tnsosfiles.com/rules/0940/0940-05/0940-05-06.20170228.pdf.

[6] See https://publications.tnsosfiles.com/rules/0940/0940-05/0940-05-17.pdf.

[7] See https://publications.tnsosfiles.com/rules/0940/0940-05/0940-05-18.20081014.pdf.

[8] See https://publications.tnsosfiles.com/rules/0940/0940-05/0940-05-44.20090323.pdf.

[9] See https://publications.tnsosfiles.com/rules/0940/0940-05/0940-05-45.20081110.pdf.

[10] See https://publications.tnsosfiles.com/rules/0940/0940-03/0940-03-09.pdf.

[11] See https://www.tn.gov/behavioral-health/substance-abuse-services/treatment---recovery/treatment---recovery/treatment-for-pregnant-women-abusing-substances.html.

TENNESSEE MEDICAID

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Approach

TennCare oversees the Tennessee state Medicaid program. Psychiatric residential treatment is reimbursed by TennCare as medically necessary in a facility that is not an institution for mental disease (IMD), pursuant to the existing TennCare II Section 1115 waiver. A Section 1115 application also is pending to incorporate the entire spectrum of SUD treatment, including within an IMD. The state historically has relied on the in lieu of provision for Medicaid coverage of some IMD services but not on Disproportionate Share Hospital (DSH) payments.

Types of Facilities

Mental Health (MH): Psychiatric residential treatment facilities may enroll in TennCare if they are not an IMD. Under the existing Section 1115 waiver, reimbursement is allowed for short-term (initial authorization period of up to 90 days with limited extensions) behavioral-focused residential planning, stabilization, and treatment programs that address the MH and stabilization needs of a specific group of enrollees.

Substance Use Disorder (SUD): Adult residential SUD treatment presently does not appear to be covered by Medicaid in Tennessee.

Processes of Medicaid Enrollment

Mental Health (MH) and Substance Use Disorder (SUD): To enroll as a Medicaid provider in Tennessee, the provider must maintain medical licenses and/or certifications as required by their practice. They must comply with all contractual terms between the provider and the managed care contractor and TennCare policies as outlined in federal and state rules and regulations and TennCare provider manuals and bulletin. They must agree to maintain and provide access to TennCare all TennCare enrollee medical records for 5 years from the date of service or upon written authorization from TennCare following an audit, whichever is shorter. Sanctions may be imposed for failure to satisfy these and other requirements.

Staffing

Mental Health (MH) and Substance Use Disorder (SUD): Any Medicaid provider in Tennessee must maintain Tennessee, or the state in which they practice, licenses and/or certifications as required by their practice.

Placement

Mental Health (MH): Medicaid reimbursement for psychiatric residential treatment requires that it be medically necessary. Pursuant to the existing TennCare II waiver, the following enrollees are eligible: (1) adults with severe psychiatric or behavioral symptoms whose family is no longer capable of supporting the individual due to the severity and frequency of behaviors; (2) emerging young adults (age 18-21) with IDD and severe psychiatric or behavioral symptoms aging out of the foster care system; and (3) adults with IDD and severe psychiatric or behavioral symptoms following a crisis event and/or psychiatric inpatient stay and/or transitioning out of the criminal justice system or a long-term (two or more years) institutional placement. The purpose is to help stabilize the individual in the community.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH) and Substance Use Disorder (SUD): No Medicaid requirements were located regarding treatment or discharge planning related to adult residential treatment, nor to aftercare services.

Treatment Services

Mental Health (MH) and Substance Use Disorder (SUD): No Medicaid requirements were located regarding treatment services for adult residential treatment.

Care Coordination

Mental Health (MH) and Substance Use Disorder (SUD): No Medicaid requirements were located regarding care coordination for adult residential treatment.

Quality Assurance or Improvement

Mental Health (MH) and Substance Use Disorder (SUD): Researchers located no specific quality improvement requirements directly applicable to residential behavioral health treatment.

Special Populations

Substance Use Disorder (SUD): No Medicaid requirements for special populations were located other than the requirements in the existing TennCare II Section 1115 waiver for placement in non-IMD residential treatment described under Placement above.

Location of Medicaid Requirements

Tennessee Medicaid Rules and Regulations: 1200-13-01[12]; 1200-13-13[13]; 1200-13-14[14]; Approved Section 1115 waiver[15]; Pending Section 1115 amendment. Regulatory data collected December 2019.

Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019 http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services

This state summary is part of the report **"State Residential Treatment for Behavioral Health Conditions: Regulation and Policy"**. The full report and other state summaries are available at https://aspe.hhs.gov/state-bh-residential-treatment.

[12] See https://publications.tnsosfiles.com/rules/1200/1200-13/1200-13-01.20180730.pdf.

[13] See https://publications.tnsosfiles.com/rules/1200/1200-13/1200-13-13.20190403.pdf.

[14] See https://publications.tnsosfiles.com/rules/1200/1200-13/1200-13-14.20190403.pdf.

[15] See https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/tn/tn-tenncare-ii-ca.pdf.