



Ohio Administrative Code

Rule 5122-14-12 Program, specialty services and discharge planning requirements.

Effective: February 17, 2017

(A) Each inpatient psychiatric service provider shall have a written comprehensive plan of service which shall be reviewed annually and revised if necessary.

(B) The comprehensive plan of service shall include:

(1) Description of services provided;

(2) Description of any affiliation or agreements with other agencies or entities;

(3) Description of the population served including age groups and other relevant characteristics of the patient populations;

(4) Criteria for admission, continued stay, and discharge; and

(5) Description of how patients and family members of patients shall participate in an advisory role to the inpatient service.

(C) Criteria for admission shall:

(1) Limit admissions to those persons whose principal diagnosis and focus of treatment upon admission is a mental disorder according to the latest edition of the American psychiatric association's diagnostic and statistical manual of mental disorders (DSM), but excluding admissions to those persons whose principal diagnosis and focus of treatment is a substance abuse disorder, detoxification for substance abuse, a chronic dementing organic mental disorder, or mental retardation. This does not preclude admissions for which the above named excluded diagnoses may be a secondary diagnosis;

(a) To support best clinical practice of concurrent integrated treatment for persons with co-occurring



of mental illness and substance abuse, an inpatient psychiatric service provider may co-locate both psychiatric and substance abuse and/or detox registered beds in the same physical area, and may use staff who are cross-trained in both treatment disciplines to provide integrated services.

(b) The total number of psychiatric beds and the total number of detox (med/surg) beds and/or substance abuse beds must remain as registered with the Ohio department of health.

(c) Patients shall be admitted to the appropriate registered bed based upon their principal diagnosis and focus of treatment. However, this would not preclude integrated concurrent treatment for a co-occurring disorder.

(2) Include any applicable age limits, diagnostic categories, and other criteria necessary to ensure that each admission is the least restrictive alternative available and consistent with each patient's treatment needs;

(3) Specify procedures and timelines for responding to an application for voluntary admission; and

(4) Assure that the inpatient psychiatric service provider will accept patients on a civil commitment and that it has the clinical competence to treat these patients:

(a) Utilizing the same criteria applied to voluntary patients, and

(b) According to admission criteria applied to voluntary patients.

The inpatient psychiatric service provider shall assure that it will provide such patients access to its full range of available services.

(D) Discharge criteria shall include but not be limited to achievement of treatment goals, or that the patient must be transferred to a more appropriate treatment facility. A civilly committed patient shall be discharged when the patient no longer meets the criteria for civil commitment, however such patients shall have the right to apply for voluntary admission status at any time pursuant to division (G) of section 5122.15 of the Revised Code.



(E) The primary function of each inpatient psychiatric service provider shall be to provide diagnostic and treatment services for persons with a primary diagnosis of mental illness. Such services shall be culturally relevant and sensitive and shall take into consideration any relevant patient history of trauma and/or abuse.

(F) Clinical services shall be provided by an interdisciplinary treatment team working together.

(1) All members of the treatment team who have specific treatment responsibilities shall have either appropriate clinical privileges and be qualified by training or experience and demonstrated competence, or shall be supervised by a clinically privileged practitioner.

(2) Each inpatient psychiatric service provider shall specify in policy and procedures the roles and responsibilities of team members in identifying and meeting the clinical needs of patients in relationship to its goals and programs.

(3) Each inpatient psychiatric service provider shall assure and provide for the staffing of team members to meet the clinical needs of each patient as identified in the patient's treatment plan.

(G) Each professional discipline shall:

(1) Identify special skills required to render specific patient care and treatment services.

(2) Participate in the development of criteria for qualifications of its staff members, which shall include education, experience, and licensure or certification requirements.

(H) Each inpatient psychiatric service provider shall provide or make provision for the following services in order to promote recovery and meet the comprehensive needs of each patient. Such services may be provided by any qualified individual, unless otherwise specified in these rules and/or regulated by professional licensure and scope of practice:

(1) Medical services, including dental, to meet the comprehensive physical and psychiatric treatment needs of each patient as identified in the patient's treatment plan;



(2) Dietetic services shall include availability of a licensed dietitian;

(3) Emergency services shall be available and accessible through a written plan for psychiatric emergencies for both persons receiving inpatient treatment from the inpatient psychiatric service provider and for any persons presenting themselves as in need of and requesting emergency treatment;

(a) If the inpatient psychiatric service provider maintains an emergency room or emergency service, it will not refuse emergency care to individuals presenting with potentially life or health-threatening psychiatric situations.

(b) If the inpatient psychiatric service provider does not maintain an emergency room or emergency service, it shall provide emergency care on site until an individual presenting with a potentially life or health-threatening psychiatric situation is transferred to a more appropriate provider.

(4) Medical services shall;

(a) Be under the direction of a psychiatrist.

(b) Include availability of twenty-four hour, seven day a week consultation of a psychiatrist, either in person or by telephone;

(5) Nursing services shall be under the direction or supervision of a full time registered nurse who has a bachelor's or master's degree in nursing and four years psychiatric nursing experience. It is preferred, but not required, that the individual holds voluntary certification in psychiatric and mental health nursing by the American nurses credentialing association. This requirement shall apply to those individuals hired into this position after January 1, 2000

Psychiatric nursing experience is the treatment and care of persons whose principal diagnosis and focus of treatment is a psychiatric disorder, the experience can include working as a staff nurse on a psychiatric inpatient unit or in an outpatient setting with individuals who have a primary psychiatric diagnosis. It is not caring for individuals in a nursing home, whose principal or primary diagnosis is often a chronic dementing organic mental disorder;



(6) Pastoral services shall be offered by inpatient psychiatric service provider clergy or the provider shall arrange for pastoral services from family or community clergy;

(7) Patient education services shall be readily accessible at all reasonable hours and include current reading and resource materials for education and leisure to meet the needs of the patients;

(8) Pharmaceutical services shall:

(a) Be under the direction of a qualified registered pharmacist with a current license.

(b) Operate in accordance with Chapters 3715., 3719., and 4729. of the Revised Code regarding operation of pharmacies, storage, and dispensing of drugs;

(9) Physical rehabilitation services shall be under the direction of qualified staff;

(10) Psychological services shall be under the direction of a licensed psychologist;

(11) Psycho-social services shall be:

(a) Provided by qualified staff;

(b) Staffed by at least one person who is licensed either as a professional counselor, professional clinical counselor, independent social worker, or a social worker; and

(c) Provided during the day, and available evenings, weekends, and holidays as needed.

(12) Rehabilitation therapy services shall be:

(a) Provided by qualified staff;

(b) Staffed by at least one rehabilitation therapist as defined in rule 5122-14-01 of the Administrative Code;



(c) Provided during the day, and available evenings, weekends, and holidays as needed;

(d) Provided by rehabilitation therapy staff with diverse skills to meet the needs of all patients; and

(13) Substance abuse diagnostic and treatment services for all patients who have a secondary problem of substance abuse shall be provided by a certified chemical dependency counselor in accordance with Chapter 5119. of the Revised Code, or by other individuals licensed to provide diagnostic or substance abuse treatment services.

(I) Each inpatient psychiatric service provider shall develop special programs to include but not be limited to the following groups whenever the annual average daily census for that group is six or more patients:

(1) Adults age sixty-five and older;

(2) Patients with a secondary diagnosis of substance use disorder; and

(3) Patients with a secondary diagnosis of developmental disability or pervasive developmental disorder.

(J) Written policies and procedures, and program descriptions shall document that patient needs, based on at least age and diagnosis, will be met for all patient groups in paragraph (I) of this rule.

(1) Inpatient psychiatric service providers that provide services for adults sixty-five years of age and older shall develop written policies and procedures regarding services to meet the special needs of such patients. These needs shall include vision, hearing, dietary, physical, cognitive, functional living skills and psychiatric needs, and the needs of the patients' family members. Special attention shall be given to problems associated with utilization of medication including polypharmacy. Diagnostic and treatment services shall be provided by a psychiatrist with clinical privileges in geriatric psychiatry. Consultation with an occupational therapist or an occupational therapy assistant in collaboration with an occupational therapist shall be available as appropriate to each patient's needs.



(2) Services for patients who have a secondary problem of substance abuse shall include specialized diagnostic assessments, group and/or individual therapy, education, linkage to self help groups and referrals for post discharge substance abuse treatment if appropriate.

(3) Inpatient psychiatric service providers that provide services for patients with a secondary diagnosis of mental retardation or developmental disability shall adhere to treatment standards in accordance with Chapters 5122. and 5123. of the Revised Code or equivalent standards and as appropriate to the psychiatric services provided.

(K) Inpatient psychiatric service providers authorized to serve children and adolescents shall provide for the educational, recreational, developmental, social and functional needs of these patients and for the treatment needs of these patients' families.

(1) For all children twelve years of age and less, diagnostic and treatment services shall be provided by a child and adolescent psychiatrist, or by a psychiatrist in consultation with a child and adolescent psychiatrist within seventy-two hours of admission.

(2) For all children thirteen through seventeen years of age, diagnostic and treatment services shall be provided by a child and adolescent psychiatrist, a psychiatrist with clinical privileges in adolescent psychiatry, or by a psychiatrist in consultation with a child and adolescent psychiatrist within seventy-two hours of admission.

(3) Each inpatient psychiatric service provider shall provide rehabilitation therapy services including at least five hours per week per patient of active physical activities, as appropriate to patient need and indicated on the patient's treatment plan.

(4) Each inpatient psychiatric service provider shall provide a minimum of two hours per week per patient of family therapy or other family interventions as appropriate to patient need and indicated on the patient's treatment plan.

(5) Each inpatient psychiatric service provider shall provide services to assist the patient in maintaining his/her educational and intellectual development at least five hours per week, consistent



with the patient's treatment plan.

(a) If the admission is longer than ten days, the inpatient psychiatric service provider shall, with the consent of the parent/adult student, notify the school district where the provider is located, of the need for services, and shall provide appropriate physical space so that the patient can access or continue individualized education plan IEP services provided by the school district.

(b) If educational needs and/or eligibility for special education services under Chapter 3323. of the Revised Code are identified during the admission, the inpatient psychiatric service provider shall communicate this to the patient's home school, upon parent or guardian request with appropriate consent.

(L) If a psychiatric intensive care unit is provided the following additional standards shall be met:

(1) The psychiatric intensive care unit shall be directed and staffed according to the special needs of its patients;

(2) Written policies and procedures shall describe criteria for the use of psychiatric intensive care, and any special procedures used; and

(3) Psychiatric intensive care units shall be designed and equipped to facilitate safe and effective care of patients.

(M) Inpatient psychiatric service providers that accept individuals into an observation or treatment status for periods of less than twenty-four hours shall develop policies and procedures regarding the following:

(1) Conditions under which individuals are accepted and released;

(2) Provision of patient rights information; and

(3) Provision for after hospitalization care.



(N) Prior to or within twenty-four hours of admission of each patient, appropriate community resources and needs relative to the patient's treatment shall be identified, which may include professionals who have rendered prior treatment, referral sources, court, school, employer, religious affiliation, community psychiatric supportive treatment services, and discharge planning.

(O) All identified community resources shall, when appropriate to patient need and with permission of the patient, be contacted to participate in treatment planning for discharge. Such efforts and involvement shall be documented in the medical record.

(P) If a patient is likely to be referred to a community mental health agency upon discharge, the inpatient psychiatric service provider with permission from the patient shall invite participation by the community psychiatric supportive treatment providers from the local community mental health agencies in team meetings and planning for discharge.

(Q) The inpatient psychiatric service provider shall make arrangements for each patient for post discharge services as specified in the patient's treatment plan.

(1) Each inpatient psychiatric service provider shall provide an appropriate discharge plan for patients, or the inpatient psychiatric service provider shall arrange for each of these patients, as necessary, to receive mental health services from other mental health providers, consistent with patient choice and acceptance.

(a) The inpatient psychiatric service provider shall provide interim post discharge services for up to two weeks post discharge, unless the post discharge provider assumes responsibility for the provision of mental health services prior to the end of the interim two-week period. This shall include an appointment for medication management as needed. Such interim post discharge services shall include a crisis management plan, which may include a mechanism to contact a physician, interim medication management, referral to or provision of a support group or individual supportive services, or a mechanism to contact an emergency services provider.

(b) The inpatient psychiatric service provider shall determine, in collaboration with the patient and post discharge provider, that the post discharge provider has the appropriate services the patient has been identified as needing, to include the provision of in-depth patient education regarding the nature



and management of the patient's illness/disorder.

(2) As part of discharge planning, the inpatient psychiatric service provider shall make all reasonable efforts prior to discharge to ensure that the patient has a specified appointment, as appropriate, with a mental health service provider(s), upon discharge whenever possible and no later than two weeks post discharge if it has been concluded that these services are required within two weeks.

(3) For children/adolescents, each inpatient psychiatric service provider shall make provision for coordination of psycho-educational treatment and recommended aftercare with the patient's local school and any existing individualized education plan from the patient's local school.

(4) The clinical treatment team shall develop a discharge plan with active participation by the patient. The parent, guardian, or family shall also participate, where appropriate, according to the treatment plan and with permission of the patient as needed. If the patient is a minor in the custody of an agency, that agency shall participate in the development of the discharge plan.

(5) A copy of the relevant portions of the post discharge plan shall be given to the patient, or as appropriate, the patient's guardian, and shall be made available, with the patient's permission, to the person or agency that will assume primary responsibility for implementation of the discharge plan.

(R) When utilization patterns indicate problems or opportunities for improvement in the larger community system in which the inpatient psychiatric service provider is located, the inpatient psychiatric service provider shall discuss these issues with the relevant community mental health board(s), and such discussions shall be documented.