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OHIO LEGISLATIVE SERVICE
COMMISSION
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Ohio Administrative Code

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

Effective: April 24, 2024

(A) Each inpatient psychiatric service provider is to have a written comprehensive plan of service that will be reviewed annually and revised if necessary.

(B) The comprehensive plan of service is to include all of the following:

(1) A description of services provided;

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

(3) A 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) A description of how patients and family members of patients are to participate in an advisory role with respect to the inpatient service.

(C) Criteria for admission will:

(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), except that persons whose principal diagnosis and focus of treatment is a substance abuse disorder, detoxification for substance abuse, a chronic dementing organic mental disorder, or intellectual disability are to be excluded. 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) Until September 30, 2024, the total number of psychiatric beds and the total number of detox (medical/surgical) beds and/or substance abuse beds are to remain as registered with the Ohio department of health.

(c) Patients are to be admitted to the appropriate 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 is to assure that it will provide such patients access to its full range of available services.

(D) Discharge criteria is to include, but not be limited to, achievement of treatment goals, or that the patient is to be transferred to a more appropriate treatment facility. A civilly committed patient is to be discharged when the patient no longer meets the criteria for civil commitment, however such patients are to 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 is to provide diagnostic and treatment services for persons with a primary diagnosis of mental illness. Such services are to be culturally relevant and sensitive and take into consideration any relevant patient history of trauma and/or abuse.

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

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

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

(3) Each inpatient psychiatric service provider is to 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 will:

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

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

(H) Each inpatient psychiatric service provider is to provide or make provision for the services specified in this paragraph 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 are to be:

(a) Under the direction of a psychiatrist; and

(b) Include availability of a psychiatrist for consultation twenty-four hours a day, seven days a week, either in person or by telephone.

Medical services, including dental, are to meet the comprehensive physical and psychiatric treatment needs of each patient as identified in the patient's treatment plan.

(2) Dietetic services , including availability of a licensed dietitian.

(3) Emergency services , which are to 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 will 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) Nursing services , which are to 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 that the individual hold voluntary certification in psychiatric and mental health nursing by the American nurses credentialing association. This mandate applies 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 registered nurse on a psychiatric inpatient unit or in an outpatient setting with individuals who have a primary psychiatric diagnosis. Psychiatric nursing experience does not include either of the following:

(a) Experience derived from caring for individuals in a nursing home, whose principal diagnosis is often a chronic dementing organic mental disorder; or

(b) For a nurse hired or after July 1, 2024, experience derived from working in a hospital medical unit, emergency department, or other healthcare setting where individuals do not have a primary psychiatric diagnosis.

(5) Pastoral services are to be offered by the inpatient psychiatric service provider's clergy or the provider is to arrange for pastoral services from family or community clergy;

(6) Patient education services are to 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;

(7) Pharmaceutical services are to meet both of the following mandates:

(a) Be under the direction of a 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;

(8) Physical rehabilitation services are to be under the direction of qualified staff;

(9) Psychological services are to be under the direction of a licensed psychologist;

(10) Psycho-social services are to meet all of the following mandates:

(a) Be provided by qualified staff;

(b) Be 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) Be provided during the day, and available evenings, weekends, and holidays as needed.

(11) Rehabilitation therapy services are to meet all of the following mandates:

(a) Be provided by qualified staff;

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

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

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

(12) Substance abuse diagnostic and treatment services for all patients who have a secondary problem of substance use disorder are to be provided by an individual licensed or certified by the Ohio chemical dependency professionals board under Chapter 4758. of the Revised Code or by an individual licensed or certified by the counselor, social worker, and marriage and family therapist board under Chapter 4757. of the Revised Code whose scope of practice includes the diagnosis and treatment of substance use disorders.

(I) Each inpatient psychiatric service provider is to 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 are to 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 are to develop written policies and procedures regarding services to meet the special needs of such patients. These needs include vision, hearing, dietary, physical, cognitive, functional living skills and psychiatric needs, and the needs of the patients' family members. Special attention is to be given to problems associated with utilization of medication including polypharmacy. Diagnostic and treatment services are to 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 are to be available as appropriate to each patient's needs.

(2) Services for patients who have a secondary problem of substance abuse are to 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 intellectual disability or developmental disability are to 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 are to 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 or less, diagnostic and treatment services are to 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 are to 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 is to provide rehabilitation therapy services to each

patient as appropriate to the patient's needs and as indicated in the patient's treatment plan,including at least five hours per week of active physical activities.

(4) Each inpatient psychiatric service provider is to provide a a patient with at least two hours per week 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 is to provide a patient with at least five hours per week of services intended to assist the patient in maintaining his/her educational and intellectual development , consistent with the patient's treatment plan.

(a) If the admission is longer than ten days, the inpatient psychiatric service provider with the consent of the parent/adult student is to notify the school district where the provider is located of the need for services and 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 is to 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 are to be met:

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

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

(3) Psychiatric intensive care units are to 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 are to develop policies and procedures regarding all of the following:

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

(2) The provision of patient rights information; and

(3) The provision of after hospitalization care.

(N) Prior to or within twenty-fours hours of admission of each patient, appropriate community resources and needs relative to the patient's treatment are to be identified. These community resources and needs may include or pertain to professionals who have rendered prior treatment to the patient, referral sources, courts, schools, employers, religious affiliation, community psychiatric supportive treatment services, and discharge planning.

(O) All identified community resources , when appropriate to patient need and with permission of the patient, are to be contacted to participate in treatment planning for discharge. Such efforts and involvement will 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 is to 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 is to make arrangements for each patient for post discharge services as specified in the patient's treatment plan.

(1) Each inpatient psychiatric service provider is to provide an appropriate discharge plan for patients, or the inpatient psychiatric service provider is to 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 is to 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 is to include an appointment for medication management as needed. Such interim post discharge services are to 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 is to 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, including the provision of in-depth patient education regarding the nature and management of the patient's illness/disorder.

(2) As part of discharge planning and prior to discharge, the inpatient psychiatric service provider is to make all reasonable efforts to ensure that the patient has an appointment, as appropriate, with one or more mental health service providers not later than two weeks post discharge if it has been concluded that these services are mandated within two weeks.

(3) For children/adolescents, each inpatient psychiatric service provider is to 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 is to develop a discharge plan with active participation by the patient. The parent, guardian, or family is also to participate, where appropriate, according to the treatment plan and, if needed, with permission of the patient . If the patient is a minor in the custody of an agency, that agency is to participate in the development of the discharge plan.

(5) A copy of the relevant portions of the post discharge plan is to be given to the patient, or as appropriate, the patient's guardian, and is to 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 is to discuss these issues with the relevant boards of alcohol, drug

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addiction, and mental health services. Such discussions are to be documented.