Ohio Administrative Code

Rule 5122-27-03 Treatment planning.

Effective: August 1, 2026

(A) A provider mandated by rule 5122-27-02 of the Administrative Code to maintain an individualized client record for a certified service is to develop a comprehensive individualized treatment plan for each client. The provider may also develop an initial individualized treatment plan for each client but it is not mandatory.

(B) If a provider chooses to develop an initial individualized treatment plan, both of the following conditions apply:

(1) The initial individualized treatment plan is to document the immediate needs of the client and is to include the items specified in paragraphs (C)(1) and (C)(3) of this rule, along with both of the following:

(a) The signature and date of signature of the provider staff member responsible for developing the initial individualized treatment plan.

(b) The signature and date of signature of the supervisor of the staff member described in paragraph (B)(1)(a) of this rule or, alternatively, other documentation satisfactory to the department that there has been clinical supervision over the development of the plan.

(2) The initial individualized treatment plan is to be developed not later than seven days after completion of the client's initial assessment or at the time of the provider's first face-to- face contact with the client following the initial assessment, whichever is later. The first face-to-face contact may be done through telehealth in accordance with rule 5122-26-22 of the Administrative Code.

(C) A comprehensive individualized treatment plan, at a minimum, is to contain all of the following:

(1) A description of the client's specific assessed mental health or addiction services needs and recovery supports, including how the services or supports will be provided by the provider or referred by that provider to another appropriate provider.

(2) The client's anticipated treatment goals and objectives, determined through a collaborative process and mutually agreed to by the provider and client. If the provider and client are unable to mutually agree on the goals and objectives, the reason for the disagreement is to be documented in the individualized client record.

(3) The name of and a description of each service to be provided to the client, except when the service to be provided is crisis intervention service as defined in rule 5122-29-10 of the Administrative Code.

(4) The frequency of the treatment services or support to be received by the client and the duration of treatment services (e.g., once a week for six months, etc.).

(5) Documentation that the comprehensive individualized treatment plan has been reviewed with the client and, if appropriate, the client's family members, parents, legal guardians or custodians, or significant others.

(6) If applicable, a notation that the client is unable to or refuses to participate in service, support, and treatment planning and the reason for that fact.

(7) The signature, date of signature, and credentials of the provider staff member responsible for developing the comprehensive individualized treatment plan, as well as the signature, date of signature, and credentials of the individual who provided clinical supervision over the staff member who developed the plan. For purposes of this subparagraph, a signature may be handwritten or any of the following forms:

(a) A code consisting of a combination of letters, numbers, characters, or symbols that is adopted or executed by an individual as that individual's electronic signature;

(b) A computer-generated signature code created for an individual; or

(c) An electronic image of an individual's handwritten signature created by using a pen computer.

(8) If the client is receiving addiction services treatment, the American society of addiction medicine (ASAM) level of care which has been determined clinically appropriate to meet the needs of the client.

(D) An addiction treatment case management plan of care is based upon the diagnostic assessment or upon a separate case management assessment.

(E) A comprehensive individualized treatment plan is to be completed not later than the end of the client's fifth session or one month after the client was admitted, whichever occurs sooner, except when otherwise specified in Chapter 5122-29 of the Administrative Code.

(F) A comprehensive individualized treatment plan is to be reviewed under any of the following circumstances:

(1) When a client receives a new service or support or discontinues receiving a service or support.

(2) When the provider believes review is clinically indicated.

(3) When there is a change in the client's addiction treatment level of care, excluding a change in sub-levels (e.g., a change from ASAM level 3.5 to level 3.1 does not mandate a review of the plan).

(4) When requested by the client.

(5) When twelve months has elapsed since the last review.

(6) Every ninety days, if the client is receiving residential and withdrawal management substance use disorder services as described in rule 5122-29-09 of the Administrative Code or SUD case management services as described in rule 5122-29-13 of the Administrative Code.

(G) The provider is to include the client and, if appropriate, the client's family members, parents, legal guardians or custodians, or significant others in each review of the comprehensive individualized treatment plan and to document, in the plan or the client's clinical record, the name of each person who participated in the plan.

(H) Following the review of a comprehensive individualized treatment plan, the provider is to document the results of the review. The results may indicate that no changes to the plan are necessary or, if changes are necessary, what those changes are. If the client or other individuals described in paragraph (G) of this rule were unable to participate or refused to participate in the review, the provider is to include a notation to that effect in the plan along with the reason for that fact. The results are to be signed and dated by the provider staff member completing the review and that individual's supervisor.