



Ohio Administrative Code

Rule 5122-29-09 Residential and withdrawal management substance use disorder services.

Effective: July 1, 2023

This rule is to supersede rule 5122-29-09 of the Administrative Code with the effective date of October 31, 2019. This rule will be effective July 1, 2023.

(A) Residential substance use disorder services shall be provided in accordance with the American society of addiction medicine's (ASAM) level of care three and ASAM's level of care three-withdrawal management (WM), and associated sub levels as appropriate to the needs of the individual being served; as published in the ASAM criteria, third edition, 2013.

(B) A provider certified to provide this service, may provide ASAM level of care two-withdrawal management.

(C) For the purposes of this rule "family" means any individual or caregiver related by blood or affinity whose close association with the person is the equivalent of a family relationship as identified by the person including kinship and foster care.

(D) Each provider shall have written policies and procedures to ensure its referral process to other levels of care is appropriately implemented and managed and shall include, at a minimum, the following:

(1) Referral decisions made to the appropriate level of care as determined utilizing the American society of addiction medicine criteria protocols for levels of care. Documentation of referral shall appear in the client record.

(2) Discharge plan stipulating specific recommendations and referrals for alcohol and drug addiction treatment. The discharge plan shall be documented in the client record.

(3) Follow-up communications with client and the service provider to which client is referred. These contacts shall be documented in the client's record.



(4) Provisions for the transition of the client to other SUD treatment providers. Provisions for use of transition communications conducted in person to include staff members of the rendering provider organization, the SUD treatment program to which the patient is being referred, the patient, and family, if present.

(E) Each provider rendering services pursuant to this rule will be capable of admitting, initiating, and referring clients receiving medication assisted treatment and capable of facilitating the continuity of their pharmacotherapy through care transitions, including but not limited to other levels of care for behavioral health treatment, hospitals, community-based providers, and criminal justice settings.

(F) Each provider of this service shall provide, in addition to the required ASAM level of care:

(1) Food for clients, to include at least three nutritionally-balanced meals and at least one nutritious snack per day, seven days per week;

(2) The opportunity for clients to get eight hours of sleep per night; and,

(3) Services in facilities that are clean, safe, and therapeutic.

(G) Time for meals, unstructured activities, free time, or time spent in attendance of self-help groups, such as alcoholics anonymous or narcotics anonymous shall not be considered for the purposes of meeting ASAM level of care requirements for services.

(H) Providers shall promote interpersonal and group living skills.

(1) A service provider may require clients to perform tasks of a housekeeping nature as specified within service provider guidelines.

(2) Housekeeping tasks shall not be considered for the purposes of meeting ASAM level of care requirements for services.

(I) Providers will offer medication assisted treatment on site or through facilitated access off site.



(J) Providers will connect clients to resources for education, job training, job interviews, employment stabilization and obtaining alternative living arrangements.

(K) Providers of ASAM level of care 3.1 will:

(1) Have a prescriber as part of the interdisciplinary team either through employment or contractual arrangement; however, the prescriber does not provide direct services; and,

(2) Offer at least five hours per week of low intensity treatment of substance use disorders.

(L) Providers of ASAM level of care 3.3 will:

(1) Include, in addition to the ASAM specified interdisciplinary team members, peer supporters certified pursuant to rule 5122-29-15.1 of the Administrative Code as appropriate and available to the range and severity of the residents' problems.

(2) Have an appropriately credentialed, licensed addictions clinician manage the program.

(3) Have one appropriately certified or licensed addictions clinician on site days and a certified or licensed chemical dependency counselor or similar with telephonic availability during the remaining hours.

(4) Offer at least thirty hours per week of a combination of skilled treatment services, clinically managed services and recovery support services focused on individuals where the effects of the substance use or a co-occurring disorder has resulted in cognitive impairment. At least ten of the thirty hours is to include individual, group, or family counseling.

(5) Have staff with the knowledge and skills to work with patients with cognitive limitations.

(6) Have therapies, for clients with significant cognitive deficits, delivered in a manner to promote engagement and understanding of concepts that is slower paced, more concrete, and more repetitive.



(7) Have addiction treatment professionals with sufficient cross-training to recognize the signs and symptoms of co-occurring mental disorders and initiate treatment interventions (treatment within the program or referral to treatment outside the program) to address identified behavioral health needs.

(M) Providers of ASAM level of care 3.2-WM and 3.5 will:

(1) Include, in addition to the ASAM specified interdisciplinary team members, peer supporters certified pursuant to rule 5122-29-15.1 of the Administrative Code as appropriate and available to the range and severity of the residents' problems.

(2) Have an appropriately credentialed, licensed addictions clinician manage the program.

(3) Have one appropriately certified or licensed addictions clinician on site days and a certified or licensed practitioner with a declared scope of practice that includes treating people with SUDs in the evenings, with telephonic availability during evenings and nights. A nurse, physician assistant, physician, or emergency services will be available twenty-four hours a day either on site or with telephonic availability.

(4) Offer at least thirty hours per week of a combination of skilled treatment services, clinically managed services and recovery and withdrawal (for 3.2-WM programs) support services focused on individuals who have significant social and psychological problems. At least ten of the thirty hours is to include individual, group, or family counseling.

(5) Have addiction treatment professionals with sufficient cross-training to recognize the signs and symptoms of co-occurring mental disorders and initiate treatment interventions (treatment within the program or referral to treatment outside the program) to address identified behavioral health needs.

(6) If the provider primarily provides this ASAM level of care to adolescents who have not graduated from high school or who have not passed a general education development (GED) test, offer at least twenty hours per week of a combination of skilled treatment services, clinically managed services and recovery and withdrawal (for 3.5-WM adolescent programs) support services focused on individuals who have significant social and psychological problems. At least ten of the twenty hours is to include individual, group, or family counseling. The provider will also provide



year round schooling.

(N) Providers of ASAM level of care 3.7-WM and 3.7 will:

(1) Include, in addition to the ASAM specified interdisciplinary team members, peer supporters certified pursuant to rule 5122-29-15.1 of the Administrative Code as appropriate and available to the range and severity of the residents' problems.

(2) Have one appropriately certified or licensed addictions clinician on site days and evenings, with telephonic availability during the remaining hours.

(3) Offer at least thirty hours per week of a combination of skilled treatment services, clinically managed services and recovery and withdrawal (For 3.7 WM programs) support services focused on individuals with subacute biomedical and emotional, behavioral, or cognitive problems. At least ten of the thirty hours is to include individual, group, or family counseling.

(4) Have addiction treatment professionals with sufficient cross-training to recognize the signs and symptoms of co-occurring mental disorders and initiate treatment interventions (treatment within the program or referral to treatment outside the program) to address identified behavioral health needs.

(O) All component practitioner services must be provided in accordance with Chapter 5122-29 of the Administrative Code.

(P) A health history, including food allergies and drug reactions, shall be completed on or before admission to a provider of this service.

(Q) Each provider of this service organized to serve individuals under the age of eighteen shall provide services in a manner that is developmentally appropriate, addresses educational needs, and promotes family or significant other involvement.

(R) Services provided pursuant to this rule shall be provided and supervised by staff who are qualified according to rule 5122-29-30 of the Administrative Code.