AUTHENTICATED,
OHIO LEGISLATIVE SERVICE
COMMISSION
DOCUMENT #321145

Ohio Administrative Code

Rule 5122-40-09 Non-medication services.

Effective: January 31, 2025

(A) Opioid treatment programs are to provide, at a minimum, the following services:

(1) General services, SUD case management services, and crisis intervention services pursuant to Chapter 5122-29 of the Administrative Code.

(2) Adequate medical, counseling, vocational, educational, employment, and other screening, assessment, and treatment services to meet patient needs.

(B) Opioid treatment programs will ensure that the servicesspecified in paragraph (A) of this rule are made available in a combination and frequency that is tailored to each individual patient based on an individualized assessment and the patient care plan that was created after shared decision making between the patient and the patient's medical team. The program sponsor will document this availability in each patient's record.

All services are to be provided on-site at the opioid treatment program except that vocational services, educational services, and employment services may be provided off-site. A program sponsor may enter into a written agreement with any of the following to provide a service specified in paragraph (A)(1) of this rule to patients of the OTP:

(1) A class one residential facility, hospital, correctional facility, or nursing facility, when that facility or hospital is certified to provide the particular service under section 5119.36 of the Revsied Code or the staff member of that facility or hospital providing the particular service is an individual described in division (B) of section 5119.35 of the Revised Code.

(2) A community addiction services provider or community mental health services provider certified to provide that particular service under section 5119.36 of the Revised Code.

(3) An individual described in division (B) of section 5119.35 of the Revised Code.

(C) Services are allowed to be provided through telehealth pursuant to agency number 5122 rule of the Administrative Code pertaining to telehealth, and these services are to be documented in accordance with that rule . Telehealth services including induction of any form of medication assisted treatment will only be allowed in accordance with federal and state standards.

(D) Services provided through medication units are subject to rule 5122-40-15 of the Administrative Code.

(E) Upon admission, each patient shall receive the following information both written and verbally:

(1) Signs and symptoms of overdose ; when, where, and how to seek emergency assistance; and education on the use of overdose reversal drugs;

(2) An explanation of the medication, including:

(a) Medication administration;

(b) Potential drug interactions;

(c) Medical issues related to withdrawal management from opioid treatment medications;

(d) Characteristics of the medications administered or prescribed by the program;

(e) Drug safety issues;

(f) Dispensing procedures and dosage restrictions; and,

(g) Side effects of medications administered or prescribed by the program.

(3) An explanation of alternative methods that are available for treatment of opioid addiction, whether offered by the program or not, and the potential benefits, risks and costs of each treatment; and

(4) A formal agreement of informed consent to be signed by the patient and a copy retained by him or her.

(F) Every person admitted to a opioid treatment program is to receive program orientation within two weeks of admission. The orientation is to be made verbally at the earliest opportunity at which the patient is stable and capable of understanding and retaining the information presented. Orientation is to include the following:

(1) An explanation of the patient's rights and right to file a grievance and applicable appeal procedures, in accordance with rule 5122-26-18 of the Administrative Code;

(2) An explanation of the services and activities provided by the opioid treatment program, including:

(a) Expectations and rules;

(b) Hours of operation;

(c) Access to crisis services;

(d) Confidentiality policy;

(e) Toxicological screening and random testing policies;

(f) Administrative withdrawal criteria, pursuant to rule 5122-40-14 of the Administrative Code;

(g) Interventions; and

(h) Various discharge criteria.

(3) An explanation about obtaining reports from the prescription drug monitoring program database, how the reports are used to treat and monitor the patient, and the requirement that the reports be

maintained in the patient files;

(4) An explanation of any and all financial obligations of the patient; all fees charged by the opioid treatment program; and any financial arrangements for services provided by the opioid treatment program;

(5) Familiarization with the opioid treatment program's facility and premises;

(6) Provision of a an overdose reversal medication kit approved by the United States food and drug administration, including the nasal atomizer or other device furnished by the opioid treatment program or a prescription for such kit.

(a) The opioid treatment program is to provide instruction on the kits use including, but not limited to, recognizing the signs and symptoms of overdose and calling 911 in overdose situations.

(b) The opioid treatment program is to provide a new kit or prescription upon expiration or use of the old kit.

(c) The opioid treatment program is to be exempt from this requirement for one year if the client refuses the kit or already has a kit.

(G) Documentation that the patient has completed the orientation training and received the written information required in paragraphs (E) and (F) of this ruleis to be completed and signed by the program and the patient and maintained in the patient's chart.

(H) Each opioid treatment program is to make available substance use disorder counseling, individual or group, to every patient as is clinically necessary.

(1) All patients will be assigned a primary counselor. The primary counselor will be individually determined by the specific needs of the patient and allow patients access to their primary counselor if more frequent contact is merited by need or is requested by the patient.

(2) The primary counselor is to:

(a) Allow the program to provide adequate psychosocial assessments, treatment planning, and individualized counseling; and

(b) Allow for regularly scheduled, documented individual counseling sessions.

(3) Counseling sessions are to be offered according to generally accepted best practices and, except as provided in paragraph (H)(4) of this rule, be available to the patient:

(a) At least weekly during the first ninety days of treatment, for at least fifty minutes in duration.

(b) Thereafter, counseling duration and frequency should be established by the counselor in collaboration with the patient and documented in the treatment plan, with consideration given to the ability of the patient to participate, recovery status, treatment engagement, and laboratory results.

(4) Exceptions to frequency of counselor to patient contact are to be clinically justified and documented in the client record. Justification will be based on the patient's choice for quantity, frequency, and the reason patient is unable to participate in counseling sessions as described in paragraph (H)(3) of this rule.

(5) Medication is not to be interrupted or made dependent upon completion of counseling as outlined in paragraph (H)(3) of this rule.