

**SELF-SURVEY CHECKLIST**  
**Licensure of Private Inpatient Psychiatric Service Providers**

Checklist Completed for Licensure Year  
 200 through 200

Name of Hospital		
Phone No. (include area code) - -	Fax No. (include area code) - -	E-mail Address
Street Address, City, State, and Zip		

The numbers of the following items refer to the corresponding Rule in Administrative Rules for Licensure of Private Inpatient Psychiatric Service Providers (2006) OAC 5122-14-01 through 13.

	Yes	No	NA	Explanatory Comments and Documentation
<b>5122-14-04 Accreditation</b>				
(D) Is the service provider accredited by either the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the American Osteopathic Association (AOA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(E) The inpatient psychiatric service provider as indicated in Rules 5122-14-03(D)(1)(h) and 5122-14-03(E)(7) of the Administrative Code shall submit proof of such accreditation. Is this proof included with application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5122-14-03 Licensure Procedure</b>				
(D) (NOTE: An inpatient psychiatric service provider wishing to establish inpatient services for the first time for persons with mental disorders shall, prior to occupancy and provision of services, make application for full licensure to the Department.) Data submission to the Department includes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(a) Completed application form,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Approved building inspection report,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Approved fire inspection report (Per 5122-14-10(1) through (6).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(d) Non-refundable annual licensure fee (per 5122-14-08 Fee Schedule),	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(e) Line drawing showing location and function of all patient and staff areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(f) Comprehensive plan of service,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(g) Proof of psychiatric bed registration as reported annually to the Ohio Department of Health, as applicable,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(h) Verification of current JCAHO or AOA accreditation (copy of most recent letter of accreditation) (as above).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(i) Completed self-survey checklist,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(j) Statement of the number of licensed beds designated for the treatment of persons less than eighteen years of age. Statement of the number of beds designated for the treatment of person's eighteen years of age and older.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) On site inspection scheduled with a Department designee: 614.644.6166.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5122-14-10(D)(5)</b>				
A copy of the annual food service inspection report is enclosed. Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	NA	Explanatory Comments and Documentation
<b>5122-14-06 Waivers and Variances</b>				
(D) A dated, written request for a waiver or variance is enclosed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5122-14-10 Patient Safety and Physical Plant Requirements</b>				
(A)(1) Written policies and procedures for building and fire inspections, sanitation standards, and patient safety are in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) State requirements concerning the patient living environment including designated smoking areas, patient sleeping rooms, and common areas are met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Inpatient services have appropriate space, equipment, and facilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Inpatient services are appropriately staffed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(5) State required procedures for seclusion and restraint are in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(6) State required procedures for the reporting and analysis of reportable incidents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(D) The inpatient psychiatric service provider complies with all applicable JCAHO, AOA, federal, state, and local laws and regulations regarding patient care, safety, sanitation, and fire protection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(E)(1) A separate enclosed area is used for smoking, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Each patient's sleeping room shall have a				
(a) Window with an operable covering for privacy and a view of the outdoors,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Minimum of 100 net sq. ft. of usable floor space per bed for single occupancy Minimum of 80 net sq. ft. of usable floor space per bed for multi-occupancy,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) A bed, chair, storage for personal items and other furnishings, as appropriate,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(d) A degree of privacy from other patients if there is more than one bed in a room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) No child/adolescent patients will share a sleeping room with adult patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) A safe and secure storage area, accessible to patients through a request of staff, is provided for patient's personal belongings that may pose a safety issue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(5)(a) There is a minimum of 80 total sq. ft. of usable social space per licensed bed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(i) Patient lounge area total at least 30 sq. ft. per licensed bed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) Patient activity areas total at least 30 sq. ft. per licensed bed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(iii) Dining room facilities are adequate to meet patient needs,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(iv) Patient kitchen area includes a sink, refrigerator, and cooking facilities as appropriate to patient need,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(v) Patient laundry area is provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(6) Are patient lounge activity and dining areas shared? Are child/adolescent patients provided the use of a patient lounge separate from adult use of patient lounge areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(7)(a) There are private areas for visitation from family members, significant others, or other persons,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) There are private areas for telephone use (patients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) There are group therapy areas as appropriate to patient need,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(d) There are private areas to include places and times for personal privacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	NA	Explanatory Comments and Documentation
(8) The environment is accessible to persons with disabilities according to federal, state, and local guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(9) There are policies and procedures in place regarding services designated to assist deaf/hard of hearing persons and persons for whom English is not the primary language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(a) Patients and families of deaf/hard of hearing persons and persons for whom English is not the primary language are not denied the benefits of participation in the inpatient psychiatric service providers' treatment program. Services comply with all applicable state, federal and HIPAA guidelines regarding the maintenance of patient confidentiality. As applicable, the program has the availability of: Qualified interpreters; Telecommunication devices for the deaf/hard of hearing; Television with closed caption capability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Direct care staff/treatment team members are trained in issues relating to barriers to traditional verbal/English communication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Services to assist patients and families of deaf/hearing impaired patients shall be available at no charge to the patient/family,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(F) Does the program have a sufficient number of professional, administrative, and support staff to meet census needs and patient needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(1) Staffing for all services reflects the volume of patients, patient acuity, and the level of intensity of the services provided to ensure that desired outcomes of care are achieved and negative outcomes are avoided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Staffing of any organized patient activity (e.g., rehabilitation therapy services or nursing services provided to groups of patients is sufficient to ensure safety and may be dependent on the type, duration, and location of the activity and the immediate accessibility of other staff,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(a) A 1:4 minimum nursing staff-to-patient ratio is maintained as an overall average in any 4-week period with the exception of night hours when patients are sleeping,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) For reasons of safety, at least 2 staff are present at all times,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) A registered nurse is on site 24 hours each day, 7 days a week,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(d) A registered nurse is available for direct patient care when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(G) The inpatient psychiatric service provider meets all applicable Medicare Conditions of Participation, JCAHO and/or AOA standards for seclusion and restraint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(1) Does the program have a policy stating that the following shall not be used under any circumstances:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(a) Face down restraint with back pressure;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Any technique that obstructs the airway or impairs breathing;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Any technique that obstructs vision;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(d) Any technique that restricts the recipient's ability to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(e) Weapons and law enforcement restraint devices, as defined by CMS, used by hospital staff or hospital-employed security or law enforcement personnel in restraint/seclusion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	NA	Explanatory Comments and Documentation
(f) Chemical restraint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Does the program determine and consider, upon the patient's admission, the presence of an advance directive addressing the use of seclusion and/or restraint and document such in the medical record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Each patient's medical record, upon admission and upon any relevant changes in the patient's condition, includes any perceived medical or psychiatric contraindications for the possible use of seclusion or restraint. The program demonstrates consideration of the following which may place the patient at greater risk for seclusion/restraint use:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(a) Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Developmental issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(d) Ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(e) History of physical or sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(f) Medical conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(g) Physical disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Physician countersignatures to telephone orders for seclusion and/or restraint are dated and timed and such signatures are documented within 24 hours of the writing of the order.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) As part of the inpatient psychiatric service provider's performance improvement process, a periodic review and analysis of the use of seclusion and restraint is performed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) The inpatient psychiatric service provider maintains an ongoing log of its seclusion and restraint utilization for departmental review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(H) Each inpatient psychiatric service provider ensures that summary information for each major unusual incident is reported to the department within 24 hours of its occurrence, excluding weekend hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(1) As part of the in patient psychiatric service provider's performance improvement process, a periodic review and analysis of all major unusual incidents shall be performed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) The inpatient psychiatric service provider maintains an ongoing log of its major unusual incidents for departmental review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5122-14-11 Patient Rights, Participation and Education</b>				
(D) Written policies and procedures for patient rights to include a grievance procedure, which shall provide for and maintain the basic human rights of all patients in accordance with Chapter 5122 of the Revised Code, including but not limited to Sections 5122.27 to 5122.31 of the revised code, and in accordance with this rule are in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(1) This policy/procedure includes the right of a patient or any other interested person to file a grievance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) The right to receive assistance, upon request, in filing a grievance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) The inpatient psychiatric service provider's responsibility to investigate, resolve, and/or provide a written response to grievances within a specified period of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. Provision of a patient rights advocate(s) to safeguard patients' rights is designated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	NA	Explanatory Comments and Documentation
(1) The patients rights advocate is appropriately trained and knowledgeable in the fundamental human, civil, constitutional, and statutory rights of psychiatric patients including the role of the Ohio Legal Rights Service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) The service provider ensures that the patient, and as appropriate, the patient's family members, significant others, and the patient's legal guardian, are informed about patient rights, in understandable terms, upon admission, and throughout the hospital stay, to include a written statement of patient rights. Treatment staff shall also work with patients to assist them in understanding and exercising patient rights; for any person who is involuntarily detained, the inpatient psychiatric service provider, immediately upon being taken into custody, informs the person orally and in writing of his/her basic rights according to Division (C) of Section 5122.05 of the Revised Code.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) The patient rights advocate is available in person during normal business hours, and during evenings, weekends, and holidays as needed for advocacy issues 24 hours, 7 days a week. The name, title, location, hours of availability, and telephone number is available to the patient, the patient's legal guardian, if any, and the patient's family and others, at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) The service provider and patient's rights advocate assists and supports patients, their family members, and significant others in exercising their legal rights and representing themselves in resolving complaints. This includes providing copies of the inpatient psychiatric service provider's policies and procedures relevant to patient rights and grievances upon request and assistance with the grievance procedure. This also includes assistance in obtaining services of the Ohio Legal Rights Service in accordance with Sections 5123.60 to 5123.604 of the Revised Code, and assistance in obtaining access to, or services of outside agencies or resources upon request.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(5) The rights advocate is a member of the patient's treatment team and does not have clinical management or care responsibility for the patient for whom he or she is acting as the patient rights advocate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(6) The rights advocate maintains a log, available for department review, of patient grievances, including all allegations of denial of patient rights as identified by patients, family members of patients, significant others, or other persons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(F) The inpatient psychiatric service provider ensures that its staff members are knowledgeable about patient rights and referral of patients to the patient rights advocate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(G) Any significant changes in inpatient programming and in relevant policies and procedures include participation of patients and families of patients in an advisory capacity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(H) Service provider ensures no patient shall be denied participation in activities & services of the hospital based solely on race, ethnicity, creed, sex, sexual orientation, national origin, age, disability, life style, ability to pay for care, any concurrent medical condition that can be managed by the impatient psychiatric service provider, or legal status as a voluntary or involuntary patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	NA	Explanatory Comments and Documentation
(I) The service provider ensures that no patient shall be denied other appropriate services offered by the inpatient psychiatric service provider based on the refusal of any other treatment or service. This includes recognition of the right of any patient to refuse to accept psychotropic medication absent an emergency situation or unless medication or surgery has been authorized by the court to be administered or performed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(J) Patients are allowed to communicate freely and confidentially both in writing and on the telephone, and visitors may visit at reasonable times with the patient according to the patient's wishes, unless the patient refuses such contact, or such contact is contra-indicated for clear treatment reasons in which case the patient's treatment plan shall document such and shall specify the treatment designed to eliminate this restriction at the earliest possible time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(K) The inpatient psychiatric service provider ensures that patient and family education is an inter-disciplinary and coordinating process, as appropriate to the patient's treatment plan, consistent with patient confidentiality, and documented in the medical record. Education incorporates appropriate members of the treatment, types of materials, methods of teaching, community educational resources, and special devices, interpreters, or other aids to meet specialized needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(L) The inpatient psychiatric service provider obtains the informed consent of a patient and/or when appropriate, a guardian, for all prescribed medications that have been ordered, except in an emergency, and for those medical interventions as referenced in and in accordance with 5122.271(A) of the Revised Code.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(1) The inpatient psychiatric service provider ensures that the patient and legal guardian, when legally appropriate, receive written and/or oral information in a language and format that may be standardized and that is understandable to the person receiving it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(a) Information includes the anticipated benefits and side effects of the intervention, including the anticipated results of not receiving the intervention, and of alternatives to the intervention,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Persons served are given the opportunity to ask questions, seek additional information, and provide input before the intervention or medication is administered/dispensed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Documentation is kept in the patient's medical record regarding the patient's participation in this process, including the patient's response, objections, and decisions regarding the medication or medical intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) For purposes of informed consent specific to medication, each psychiatric inpatient service provider ensures that the patient and parent or legal guardian, when legally appropriate, receives written and/or oral information from a physician, registered nurse, and/or registered pharmacist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Except in an emergency, patients on voluntary admission status are not involuntarily medicated. The parameters for emergency use of medication are defined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	NA	Explanatory Comments and Documentation
(4) The service provider ensures that permission for the involuntary medication of patients committed by the probate or criminal court shall be obtained through an order by the committing court, except that involuntary medication is not permitted, absent an emergency, for persons admitted for a competency evaluation under paragraph (G)(3) of Section 2945.371 of the Revised Code or admitted for sanity evaluation under paragraph (G)(4) of Section 2945.371 of the Revised Code. The inpatient psychiatric service provider provides the opportunity for informed consent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5122-14-12 Program, Specialty Services and Aftercare Requirements</b>				
(D) The inpatient psychiatric service provider has a written comprehensive plan of service which is reviewed annually and revised if necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(E) The comprehensive plan of service includes:				
(1) A description of services provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) A description of any affiliation or agreements with other agencies or entities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) A description of the population served including age groups and other relevant characteristics of the patient populations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Criteria for admission, continued stay, and discharge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(5) A description of how patients and family members of patients shall participate in an advisory role to the inpatient service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(F) (1) The service providers admission criteria limits 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. (NOTE: This does not preclude admissions for which the above named excluded diagnoses may be a secondary diagnosis,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(a) To support best clinical practice of concurrent integrated treatment for persons with a dual diagnosis of mental illness and substance abuse, the inpatient psychiatric service provider co-locates both psychiatric and substance abuse and/or detox-registered beds in the same area. Staff are cross-trained in both treatment disciplines to provide integrated services,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) The total number of psychiatric beds and the total detox (med/surg) beds and/or substance abuse beds remain as registered with the Ohio Department of Health,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Patients are 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 dual disorder).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Each admission is the least restrictive alternative available and consistent with each patient's treatment needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) The service provider specifies procedures and timelines for responding to an application for voluntary admission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) The service provider assures that they will accept patients civilly committed,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	NA	Explanatory Comments and Documentation
(a) The service provider has the clinical competence to treat according to criteria applied to voluntary patients,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) The service provider assures treatment according to admission criteria applied to voluntary patients. The inpatient psychiatric service provider assures that it will provide such patients access to its full range of available services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(G) Discharge criteria includes but is not limited to, achievement of treatment goals, or that the patient must be transferred to a more appropriate treatment facility. NOTE: 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(H) The inpatient psychiatric service provider provides diagnostic and treatment services for persons with mental disorders. Such services are culturally relevant and sensitive and take into consideration any relevant patient history of trauma and/or abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(I) Clinical services are provided by an interdisciplinary treatment team working together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(1) All members of the treatment team who have specific treatment responsibilities have either appropriate clinical privileges and are qualified by training or experience and demonstrated competence, or are supervised by a clinically privileged practitioner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Each inpatient psychiatric service provider specifies 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Each inpatient psychiatric service provider assures and provides for staffing of team members to meet the clinical needs of each patient as identified in the patient's treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(J) Each professional discipline:				
(1) Identifies special skills required to render specific patient care and treatment services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Participates in the development of criteria for qualifications of its staff members, which shall include education, experience, and licensure or certification requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(K) Each inpatient psychiatric service provider will make provision for the following services. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(1) Dental services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Dietetic services shall include availability of a licensed dietitian.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Emergency services are 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,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	NA	Explanatory Comments and Documentation
(a) If the inpatient psychiatric service provider maintains an emergency room or emergency service, it does not refuse emergency care to individuals presenting with potentially life or health threatening psychiatric situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) If the inpatient psychiatric service provider does not maintain an emergency room or emergency service, it provides emergency care on site until an individual presenting with a potentially life or health threatening psychiatric situation is transferred to a more appropriate provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Medical services:				
(a) Are under the direction of a psychiatrist,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Include availability of 24 hour, 7 day a week consultation of a psychiatrist, either in person or by telephone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(5) Nursing services are under the direction or supervision of a full time registered nurse who has a bachelor's or master's degree in nursing and 4 years psychiatric nursing experience with preferred certification in mental health by the voluntary certification process of the American Nurses Association. (Note: This requirement shall apply to those individuals hired into this position after the effective date of this rule).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(6) Pastoral services are offered by inpatient psychiatric service provider clergy and/or the provider arranges for pastoral services from family or community clergy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(7) Patient education services are readily accessible at all reasonable hours and include current reading and resource materials for education and leisure to meet the needs of the patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(8) Pharmaceutical services:				
(a) Are under the direction of a qualified registered pharmacist with a current license,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Operates in accordance with Chapters 3715 and 4729 of the Revised Code regarding operation of pharmacies, storage, and dispensing of drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(9) Physical rehabilitation services are under the direction of a qualified staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(10) Psychological services are under the direction of a licensed psychologist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(11) Psychosocial services are:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(a) Provided by qualified staff,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(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 who holds a master's degree from a social work program which is accredited by the Council on Accreditation of Social Work Education,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Are available evenings, weekends, and holidays, as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(12) Rehabilitation therapy services are:				
(a) Provided by qualified staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Staffed by at least one rehabilitation therapist as defined in rule 5122-14-01 of the Administrative Code,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Provided during the day, evenings, and weekends,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(d) Provided by rehabilitation therapy staff with diverse skills to meet the needs of all patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	NA	Explanatory Comments and Documentation
(L) The inpatient psychiatric service provider has developed special programs to include but is not limited to the following groups whenever the annual average daily census for that group is six or more patients:				
(13) Substance abuse diagnostic and treatment services for all patients who have a secondary problem of substance abuse are provided by a certified dependency counselor in accordance with Chapter 3793 of the Revised Code, or by other individuals licensed to provide diagnostic and/or substance abuse treatment services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(1) Older adults, age 65 and older who have special treatment needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Patients with a secondary diagnosis of substance use disorder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Patients with a secondary diagnosis of mental retardation or pervasive developmental disorder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(M) (1) Inpatient psychiatric service providers that provide services for adults 65 years of age and older have developed 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 are 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 is available as appropriate to each patient's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Services for patients who have a secondary problem of substance abuse include specialized diagnostic assessments, group and/or individual therapy, education, linkage to self-help groups and aftercare referrals for substance abuse treatment if appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Inpatient psychiatric service providers that provide services for patients with a secondary diagnosis of mental retardation or developmental disability 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(N) Inpatient psychiatric service providers authorized to serve children and adolescents provide for the educational, recreational, developmental, social, and functional needs of these patients and for the treatment needs of these patients' families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(1) For all children 12 years of age and less, diagnostic and treatment services are provided by a child and adolescent psychiatrist, or by a psychiatrist in consultation with a child and adolescent psychiatrist within 72 hours of admission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) For all children 13 through 17 years of age, diagnostic and treatment services are 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 72 hours of admission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	NA	Explanatory Comments and Documentation
(3) The inpatient psychiatric service provider provides rehabilitation therapy services including at least 5 hours per week per patient of active physical activities, as appropriate to patient need and indicated on the patient's treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) The inpatient psychiatric service provider provides a minimum of 2 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(5) The inpatient psychiatric service provider provides services to assist the patient in maintaining his/her educational and intellectual development at least 5 hours per week, consistent with the patients' treatment plan,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(a) If the admission is longer than 10 days, the inpatient psychiatrist service provider, with the consent of the parent/adult student, will notify the school district where the provider is located, of the need for services, and provides appropriate physical space so that the patient can access or continue individualized education plan (IEP) services provided by the school district,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(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 communicates this to the patient's home school, upon parent or guardian request with appropriate consent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(O) If a psychiatric intensive care unit is provided, the following additional standards shall be met:				
(1) The psychiatric intensive care unit is directed and staffed according to the special needs of its patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Written policies and procedures describe criteria for the use of psychiatric intensive care, and any special procedure used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Psychiatric Intensive care units are designed and equipped to facilitate safe and effective care of patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(P) Inpatient psychiatric service providers that accept individuals into an observation and/or treatment status or periods of less than 24 hours have developed policies and procedures regarding the following:				
(1) Conditions under which individuals are accepted and released.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Provision of patient rights information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Provision for after hospitalization care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Q) Prior to or within 24 hours of admission of each patient, appropriate community resources and needs relative to the patient's treatment are identified, that may include professionals who have rendered prior treatment, referral sources, court, school, employer, religious affiliation, case management services, and aftercare providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(R) All identified community resources, when appropriate to patient need and with permission of the patient, are contacted to participate in treatment planning for discharge. Such efforts and involvement shall be documented in the medical record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	NA	Explanatory Comments and Documentation
(S) 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, invites participation by the case managers from the local community mental health agencies in team meetings and planning for discharge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(T) The inpatient psychiatric service provider makes arrangements for each patient for aftercare as specified in the patient's treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(1) Each inpatient psychiatric service provider provides an appropriate aftercare program for discharged patients, or the inpatient psychiatric service provider arranges for each of these patients, as necessary, to receive aftercare from other mental health providers, consistent with patient choice and acceptance,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(a) The inpatient psychiatric service provider provides interim aftercare services for up to two weeks post discharge, unless the aftercare provider assumes responsibility for the provision of aftercare services prior to the end of the interim two-week period. This includes an appointment for medication management as needed. Such interim aftercare 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) The inpatient psychiatric service provider determines, in collaboration with the patient and aftercare provider, that the aftercare 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) For aftercare, the inpatient psychiatric service provider makes all reasonable efforts prior to discharge to ensure that the patient has a specified appointment, as appropriate, with the aftercare providers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) For children/adolescents, each inpatient psychiatric service provider makes 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) A plan for aftercare is developed by the clinical treatment team with active participation by the patient. The parent, guardian, or family also participates, 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 participates in the development of the aftercare plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(5) A copy of the relevant portions of the plan for aftercare and services are 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 such aftercare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	NA	Explanatory Comments and Documentation
(U) 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 discusses these issues with the relevant community mental health board(s) and such discussions shall be documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5122-14-13 Medical Records Documentation and Confidentiality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(D) The inpatient psychiatric service provider shall maintain a complete medical record for each individual patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(E) Necessary components of the medical record include to the extent possible, but are not limited to the following:				
(1) Patient demographic information, including indication of legal status as a voluntary or involuntary patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) All legal documents, including, as appropriate, an application for voluntary admission signed and dated by the patient, written requests for release pursuant to Section 5122.03 of the Revised Code, and all legal documents pertaining to civil commitment and guardianship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) The reason for admission including presenting problem(s), precipitating factors, and initial diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Previous hospitalization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(5) Reports of all patient assessments and examinations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(6) An individualized treatment plan which shall include criteria for discharge and which shall meet requirements of Section 5122.27 of the Revised Code.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(7) All medical orders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(8) Documentation of the patient's progress, and other significant patient events which could impact on treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(9) Appropriate, complete, signed, and dated consents for treatment, and for release of confidential information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(10) A discharge summary completed within thirty days after discharge and signed by the attending or treating physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(11) A plan for aftercare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(F) All entries in the medical record are dated, signed, and legible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(G) Each inpatient psychiatric service provider conducts a complete assessment of each patient including a consideration of the patient's strengths and needs, and types of services to meet those needs in the least restrictive environment consistent with treatment needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(1) The assessments includes as appropriate to patient need: physical, laboratory, emotional, behavioral, social, recreational, cognitive, functional living skills, educational, legal, vocational, nutritional, cultural, religious, income support, housing needs, and other community support and discharge planning needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) The inpatient psychiatric service provider defines, in writing, the scope of assessments to be performed by each clinical discipline not otherwise specified in these rules, consistent with the discipline's scope of practice, state licensure laws, applicable regulations, certification, or registration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	NA	Explanatory Comments and Documentation
(H) Written assessments of each patient are provided and dated by the respective interdisciplinary team members as soon as possible after admission and prior to the development of the treatment plan which is required within twenty-four hours of admission unless otherwise specified in this Rule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(1) For new admissions, if assessments are available from prior evaluations and/or admissions within the past six months, each assessment is reviewed, revised as necessary, dated, and signed by a member of the respective discipline as soon as possible after admission and prior to the development of the treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) The following required patient assessments are completed within twenty-four hours of a patient's admission,				
(a) A physician is responsible for a medical history and physical examination. If the patient's condition does not permit completion of the examination, each part of the examination shall be completed as soon as the patient's condition permits it.  (Note: If a physician was responsible for the completion of a medical history and physical examination within thirty days of the current course of treatment and the patient's condition remains consistent with the results of that examination, a signed copy of this history and examination may suffice.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(i) The history and physical examination includes a basic neurological examination that includes an examination of the cranial nerves, sensory and motor functions, coordination, and deep tendon reflexes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) If the patient is a child, adolescent, or person with mental retardation/ developmental disabilities, the history and physical examination includes evaluations of motor development and functioning, sensory-motor functioning, speech, hearing and language functioning, visual functioning, immunization status, and oral health and hygiene,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) A psychiatrist or a physician with specific clinical privileges to conduct such an examination, is responsible for a psychiatric examination including a mental status examination,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) A registered nurse is responsible for completing an assessment of each patient's nursing care needs. As part of the nursing assessment, the RN shall conduct a screening of each patient's nutritional status unless otherwise assessed by a registered dietitian.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(d) An assessment for functional and rehabilitation needs which may include activities of daily living, community living skills, social, leisure and vocational skills, self care and self control abilities; physical/sensory-motor capabilities, speech, language, oral, and pharyngeal sensor-motor competencies and auditory and vestibular competencies is completed within twenty-four hours,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(e) An emotional and behavioral assessment that includes at least a history of emotional, behavioral, substance abuse problem or treatment and physical or sexual abuse history is completed within twenty-four hours,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	NA	Explanatory Comments and Documentation
(f) A psychosocial assessment which shall include the following information about the patient is completed as appropriate,				
(i) Environment and home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) Leisure and recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(iii) Work history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(iv) Spirituality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(v) Childhood history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(vi) Military service history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(vii) Financial status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(viii) Usual social, peer group, and environmental setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(ix) Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(x) Family circumstances, including the constellation of the family group, the current living situation, and social, ethnic, cultural, emotional, and health factors. The psychosocial assessment includes determining the need and extent for family participation,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(g) In programs serving children and adolescents, an assessment is performed which includes the following:				
(i) The impact of the child's/adolescent's condition on the family and the family's impact on the child/adolescent,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) The child/adolescent's legal custody status, when applicable,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(iii) The child/adolescent's growth and development, including physical, emotional, cognitive, educational, nutritional, and social development,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(iv) The child/individual's play and daily activities needs,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(v) The expectation of the family or guardian and involvement in the child/adolescent's assessment, initial treatment, and continuing care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(1) Each patient has a written individualized treatment plan that is responsive and timely to the treatment needs of the patient based on information provided by the patient and the patient's family and assessments by the clinical treatment team. The initial treatment plan and subsequent revisions are developed with the active participation of the patient, and through collaborative efforts of the clinical team. As appropriate and with patient consent, family members and significant others shall also participate. Such patient, family, and clinical treatment team collaboration shall be documented on the treatment plan. A patient's inability or refusal to participate in treatment planning and the patient's reasons for such are also documented on the treatment plan. The patient and, as appropriate, parent or guardian, have the right to be informed of changes on the treatment plan including a change in assignment of the primary therapist or attending physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(1) The initial treatment plan is developed with the active participation of the patient and implemented within twenty-four hours of admission through collaborative efforts by the interdisciplinary clinical treatment team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) The initial treatment plan and any subsequent revisions to the plan:				
(a) Reflects the patient's clinical needs, condition, functional strengths, and limitation,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	NA	Explanatory Comments and Documentation
(i) The patient's perceptions of his/her needs are documented, as are the family's perceptions when appropriate and available,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) Justification is documented when identified needs are not addressed,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Specifies goals for achieving emotional and/or physical health as well as maximum growth and adaptive capabilities,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(i) Treatment plan goals are based on assessments of the patient and, as appropriate, the family,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) Treatment plan goals are linked to living, learning, and work activities,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(iii) Treatment goals identified by the patient, and actions the patient agrees to or requests to take, and the patient's involvement in and expressed concerns about the treatment plan are documented,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Specifies intermediate steps toward those goals in measurable terms,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(d) Specifies target dates or time frames for completion of goals and steps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(e) Specifies services and interventions to be provided to achieve patient goals, and to indicate the staff person(s) and/or discipline responsible for provision of service(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(f) Specifies frequency of services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(g) Specifies criteria for discharge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) The initial treatment plan is reviewed, updated, and/or revised within 72 hours of a patient's admission. All subsequent updates to the plan shall occur at least every seven days for the first month of hospitalization, at least monthly thereafter, and as appropriate to patient needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(J) The discharge summary completed within 30 days after discharge includes:				
(1) Assessment of the patient's condition on admission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Assessment of the patient's condition upon discharge and reason for discharge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Description of diagnostic and treatment services received by the patient, with reference to interventions identified on the treatment plan, and the patient's response.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) All recommendations made to the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(5) Medications prescribed upon discharge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(6) Initial and final diagnosis, both physical and psychiatric, according to the American Psychiatric Association's latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), which shall be recorded in full without the use of either symbols or abbreviations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(K) A plan for aftercare care is developed for each patient and:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(1) States all appropriate recommendations and specific plans to include but not be limited to psychiatric, medical, case management, housing, vocational, financial, educational needs, other community support needs, and community resources available to meet these needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Identifies specific resources and states recommendations for continued, ongoing patient and family education regarding the nature and management of the patient's illness/disorder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	NA	Explanatory Comments and Documentation
(3) Specifies persons or agencies responsible for each recommended intervention or service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Specifies the time frame for initiation of each recommended intervention or service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(5) Specifies a crisis management plan as described in paragraph (l)(1)(a) of Rule 5122-14-12 of the Administrative Code.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(6) Is signed and dated by the patient or, as appropriate, parent or guardian, and by each member of the clinical treatment team responsible for reviewing the plan with the patient. A patient's inability or refusal to sign or participate in aftercare planning and the patient's reasons for such is documented on the plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(L) The patient's treatment plan and medical record is available to the patient and family members according to Section 5122.31 of the Revised Code.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(M) The inpatient psychiatric service provider has written policies and procedures regarding the release of information and confidentiality of oral or written patient information, in compliance with Section 5122.31 of the Revised Code.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Name and Title of Person Completing Checklist	Date
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