

173-39-02.12**ODA provider certification: Social work counseling service.**

(A) "Social work counseling" (service) means a service to an individual or to an individual's caregiver to promote the individual's physical, social, or emotional well-being; and the development and maintenance of a stable and supportive environment for the individual.

(1) "Social work counseling" includes crisis interventions, grief counseling, and other social work and counseling interventions that support the individual's health and welfare.

(2) "Social work counseling" does not include any of the following:

(a) A service provided in place of case management.

(b) A service provided to the individual's authorized representative or caregiver that is unrelated to the individual's well-being.

(c) A service provided if the individual receives a similar service paid (in full or in part) by medicare, state plan medicaid, or another third-party payer.

(B) Requirements for a provider of social work counseling:

(1) General requirements: The provider is subject to rule 173-39-02 of the Administrative Code.

(2) In-home: The provider shall provide this service in the individual's home, or by telephone or video conference as permitted by the counselor, social worker, and marriage and family therapist board.

(3) Assessment:

(a) The provider shall assess each individual, including the individual's psycho-social, financial, and environmental statuses.

(b) The provider shall provide the case manager with a copy of the assessment report no later than fourteen days after the provider completes the assessment.

(4) Treatment plan:

(a) With the assistance of the individual, caregiver, and case manager, the provider shall develop and revise, as necessary, a treatment plan that recommends a method of treatment and number of counseling sessions.

- (b) The provider shall provide the case manager with a copy of the treatment plan no later than fourteen days after the provider completes the assessment.
 - (c) The provider shall offer the individual a copy of the treatment plan no later than fourteen days after the provider completes the assessment, unless there are clinical indications against providing the individual with a copy of his or her treatment plan. If the individual declines to receive a copy of his or her treatment plan, the provider shall retain a record that the provider offered to provide the individual with a copy of his or her treatment plan, but that the individual declined.
 - (d) The provider shall implement the treatment plan.
- (5) Clinical record: The provider shall develop and retain a clinical record for each individual that includes the following information about the individual:
- (a) Identifying information, including name, address, date of birth, sex, race, marital status, significant phone numbers, and health insurance identification numbers.
 - (b) Medical history, if supplied by the individual, the individual's case manager, or the individual's physician.
 - (c) Treating physician's name.
 - (d) Person-centered service plan (initial and revised versions).
 - (e) Individualized assessment (initial and revised versions).
 - (f) Treatment plan (initial and revised versions).
 - (g) Food and drug interactions (e.g., "Don't take pills with milk."), allergies, and dietary restrictions, if supplied by the individual, the individual's case manager, or the individual's physician.
 - (h) Discharge summary, which the professional who provided the service shall sign and date at the point he or she is no longer going to provide the service to the individual or the individual no longer needs the service. In the summary, the professional shall include records on the outcomes and the progress made toward the goals specified in the individual's person-centered service plan, and shall record any follow-ups or referrals that the professional recommends. The provider shall provide a copy of the summary to the individual and the individual's case manager.

(6) Provider qualifications: No person shall provide the service unless the person is employed by a provider that ODA certifies as an agency provider, or unless ODA certifies the person as a non-agency provider.

(a) Agency provider:

(i) Staffing requirements:

(A) An agency provider shall assure that the agency's direct-care staff includes a licensed professional clinical counselor (LPCC), a licensed professional counselor (LPC), a licensed psychologist (MA or PhD), an independent marriage and family therapist (IMFT), a licensed independent social worker (LISW), a licensed social worker (LSW), or a marriage and family therapists (MFT).

(B) No individual shall provide the service under the employment of the agency provider unless the individual is a licensed professional clinical counselor (LPCC), a licensed professional counselor (LPC), a licensed psychologist (MA or PhD), an independent marriage and family therapist (IMFT), a licensed independent social worker (LISW), a licensed social worker (LSW), a marriage and family therapist (MFT), or a registered nurse (RN) who holds a certificate of authority from the Ohio board of nursing in psych-mental health nursing specialty.

(C) The provider shall retain records to show that each counseling staff member holds a license in good standing with his or her respective Ohio professional licensure board, and has at least one year of counseling experience.

(ii) Supervisory requirements:

(A) The provider shall supervise any licensed social worker (LSW), licensed professional counselor (LPC), or marriage and family therapist (MFT) whom the provider employs according to the requirements of Chapter 4757. of the Revised Code.

(B) The supervisor of an LSW, LPC, or MFT shall co-sign all initial assessments and all treatment plans prepared by the LSW, LPC, or MFT

(b) Non-agency provider:

- (i) No person shall provide the service as a non-agency provider unless the person is an independent marriage and family therapist (IMFT), licensed professional clinical counselor (LPCC), licensed psychologist (MA or PhD), licensed independent social worker (LISW), or registered nurse (RN) who holds a certificate of authority from the Ohio board of nursing in psych-mental health nursing specialty.
- (ii) The provider shall retain records to show that he or she holds a license in good standing with his or her Ohio professional licensure board, and has at least one year of counseling experience.

(7) Service verification:

- (a) For each episode of service provided, the provider shall retain a record of all the following:
 - (i) Individual's name.
 - (ii) Date of service.
 - (iii) Time of day each service begins and ends.
 - (iv) Name of staff member counseling the individual (if an agency provider).
 - (v) Individual's signature.
- (b) The provider may use electronic system to collect or retain the records required under this rule.

(C) Unit and rate:

- (1) A unit of a social work counseling is fifteen minutes of session time with the individual.
- (2) Appendix A to rule 5160-1-06.1 of the Administrative Code establishes the maximum rate allowed for a unit of social work counseling provided through the PASSPORT program.

- (3) Rule 5160-31-07 of the Administrative Code establishes the rate-setting methodology for social work counseling provided through the PASSPORT program.

Replaces: 173-39-02.12

Effective:

Five Year Review (FYR) Dates:

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 121.07, 173.01, 173.02, 173.391, 173.52, 173.522
Rule Amplifies: 173.39, 173.391, 173.52, 173.522; 42 CFR 441.352
Prior Effective Dates: 03/31/2006, 09/02/2010, 12/01/2015