

## TO BE RESCINDED

5122-27-04

**Individualized service plan and progress notes.**

- (A) Each agency shall have written policies and procedures for the development of an individualized service plan ("ISP") for each person receiving services. Each "ICR" shall contain an individualized service plan ("ISP") for the person receiving services which shall include, but not be limited to, the following:
- (1) A description of the specific need of the person served based on diagnostic assessment and referral information;
  - (2) A description of strengths or assets of the person served and how they will be utilized in achieving treatment goals;
  - (3) A list of treatment goals and intermediate steps toward those goals, described in measurable terms;
  - (4) Target dates or timeframes for achievement of goals and intermediate steps;
  - (5) The specific services provided and the frequency of service delivery;
  - (6) The name(s) of the agency staff member(s) responsible for providing services;
  - (7) The names of any other agencies or systems that are providing services to the person, a description of the services provided, identification by name and title of the staff persons of those agencies or systems responsible for providing such services, and evidence of interagency service coordination;
  - (8) The signature(s) of the agency staff member(s) responsible for developing the "ISP", and the date on which it was developed;
  - (9) Evidence that the person served, and, as appropriate, family, parent, guardian, or significant other was involved in developing the "ISP" as documented by signature and progress notations reflecting the person's response to, and participation in, the plan;
  - (10) Evidence of "ISP" review and approval documented by signature of a provider qualified according to Chapter 5122-23 of the Administrative Code and documented evidence of clinical supervision of the individual(s) providing the service(s); and

- (11) Evidence of collaboration with the person served and the person's family or significant other, parent, or guardian as appropriate.
- (B) Each staff member providing services shall participate in developing the "ISP" with the consent of the person served, and, if appropriate, the agency shall invite other providers in mental health or related areas to participate in developing the "ISP". All collaborations shall be documented in the "ICR."
- (C) The "ISP" shall be developed within the first four sessions or within thirty days of admission to the agency, whichever is sooner.
- (D) For children receiving services, the "ISP" shall reflect attention to the needs of children including, but not limited to developmental, family, school, and social-recreational issues and interagency coordination.
- (1) The "ISP" shall include the "IEP," as applicable, and documentation of communication and coordination of services with local school and related personnel; and
- (2) If the "IEP" is judged to be inadequate to meet the needs of the child, the agency shall advocate with the parents or guardian and the school to ensure that the needed services are obtained.
- (E) For persons with multiple service needs, including but not limited to children, elderly or homeless persons, and persons with severe mental disabilities or serious emotional disturbances, the "ISP" shall reflect consideration of the entire range of issues related to the person's life circumstances that directly affect the person's ability to respond to treatment. These issues shall include, but not be limited to, those listed in rule 5122-29-04 of the Administrative Code.
- (F) For involuntarily committed persons according to Chapter 5122. of the Revised Code, the "ISP" shall contain a description of treatment designed to effectuate discharge from involuntary commitment.
- (G) For persons served who are reimbursed under mandated insurance according to sections 1737.28, 3923.28 and 3923.30 of the Revised Code, the "ISP" shall contain evidence of "ISP" review and approval documented by signature of a physician or psychologist. Review of the "ISP" by a physician or psychologist shall include:
- (1) Need for services as expressed by the person;

- (2) Diagnostic assessment information;
  - (3) Proposed service plan including frequency and duration of services; and
  - (4) Qualifications of the service provider(s) according to Chapter 5122-23 of the Administrative Code.
- (H) The "ISP" shall be reviewed to reflect progress toward desired goals and updated at least every ninety days, and, for involuntarily committed persons not in a hospital, at least every thirty days. A summary of the "ISP" review and update shall be documented in the "ISP."
- (I) Progress notes shall reflect "ISP" implementation, including documentation of the choices and perceptions of the person served regarding the service(s) received and shall:
- (1) Contain descriptions of changes in the person's condition and needs, and of the person's responses to services provided;
  - (2) Be dated, signed, legible and include the professional qualifications of the individual making the entry;
  - (3) Include notes from staff member(s) providing each service; and
  - (4) Be recorded upon each service contact.
- (J) If a person is terminated involuntarily from a service or from the agency, the reasons shall be documented in the "ICR" and reviewed as part of agency quality assurance activities. Documentation shall also include alternative services or interagency referrals that were provided prior to the involuntary termination.

Replaces: 5122:2-3-06, 5122:2-3-07, 5122:2-3-10

Effective:

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Certification

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Date

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