

**Notice of Public Hearing**

Pursuant to section 119.03 of the Ohio Revised Code, the Ohio Department of Behavioral Health will hold a public hearing for the purpose of accepting testimony on the proposed changes to rules pertaining to community behavioral health services providers – certification definitions and procedures – in Ohio Administrative Code (O.A.C.) Chapters 5122-24, 5122-25, 5122-26, 5122-27, and 5122-28.

The following table summarizes the content of these rules and the proposed changes:

Rule Number	Tagline	Type of Filing	Summary of Content and Proposed Changes
<i>O.A.C. Chapter 5122-24</i>			
5122-24-01	Certification definitions	Amend	This rule specifies definitions of terms used in the DBH certification standards for community behavioral health services and recovery supports. The definitions apply to O.A.C. chapters 5122-24 through 5122-29. DBH is adding definitions for "alcohol and drug addiction services," "certifiable services or supports," "community behavioral health services," "community behavioral health services provider," "federally-qualified health center," "federally-qualified health center look-alike," "group practice," "mental health services," "person," "personally furnished," and "recovery supports." DBH also updated the reference to "Department" to mean the "Department of Behavioral Health."
<i>O.A.C. Chapter 5122-25</i>			
5122-25-01	Applicability	Rescind/New	This rule specifies which entities are subject to rules in O.A.C. chapter 5122-25. It is being changed to reflect amendments the General Assembly made to R.C. 5119.35: (1) clarifies that the rules in the chapter apply to (a) any person or government entity that provides or seeks to provide one or more certifiable services or supports, including (i) a person or government entity that operates or seeks to operate an opioid treatment program, (ii) a person or government entity that operates or seeks to operate a class one residential facility, and (iii) an ADAMHS board that is, under R.C. 340.07, approved by the DBH Director to provide any certifiable service or support;

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			(2) specifies which entities are exempt from the rules; and (3) specifies the specific standard that applies to federally-qualified health centers (FQHC) and FQHC look-alikes.
5122-25-02	<p>Accreditation and deemed status (rescinded rule)</p> <p>Certification procedure – initial application (new rule)</p>	Rescind/New	<p>This new rule is replacing the rescinded version of the rule regarding accreditation and deemed status. DBH must replace the current rule because of changes in law made by H.B. 33 of the 135th General Assembly. That act generally required that providers hold accreditation as part of qualifying for DBH certification (in place of the prior law option to have a provider's certifiable services and supports nationally accredited in lieu of DBH determining whether its certification standards had been satisfied ("deemed status")).</p> <p>The new rule specifies the procedure a provider is to follow when applying for initial certification of at least one certifiable service or support.</p>
5122-25-03	<p>Certification procedure for non-deemed status (rescinded rule)</p> <p>Certification procedure – update application (new rule)</p>	Rescind/New	<p>This new rule is replacing the rescinded version of the rule regarding non-deemed status. DBH must replace the current rule because of changes in law made by H.B. 33 of the 135th General Assembly. That act generally required that providers hold accreditation as part of qualifying for DBH certification (in place of the prior law option to have a provider's certifiable services and supports nationally accredited in lieu of DBH determining whether its certification standards had been satisfied ("deemed status")).</p> <p>The new rule specifies the procedure a provider is to follow when seeking to update its certification of certifiable services or supports with DBH anytime before renewal (i.e., in the midst of a certification term).</p>
5122-25-04	<p>Certification procedure for deemed status (rescinded rule)</p> <p>Certification procedure – renewal application (new rule)</p>	Rescind/New	<p>This new rule is replacing the rescinded version of the rule regarding deemed status. DBH must replace the current rule because of changes in law made by H.B. 33 of the 135th General Assembly. That act generally required that providers hold national accreditation as part of qualifying for DBH certification (in place of the prior law option to have a provider's certifiable services and supports nationally accredited in lieu of DBH determining whether its certification standards had been satisfied ("deemed status")).</p>

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			<p>The new rule specifies the procedure a provider is to follow when seeking to renew its certification of certifiable services and supports.</p>
5122-25-05	<p>Interim certification process and provisions of certification (rescinded rule)</p> <p>Determination of certification status by department (new rule)</p>	Rescind/New	<p>The rule on interim certification is moving to rule 5122-25-06.</p> <p>The new rule specifies that once DBH receives an application for initial or renewal certification, or an update application where the provider is seeking to add, during a certification term, one or more certifiable services or supports to the menu of services and supports it provides, DBH will analyze each service or support for which certification has been applied for and determine whether that service or support qualifies for interim certification or full certification. This new rule is being adopted to give the regulated community clarity on the next step in the certification process.</p>
5122-25-06	<p>Waivers and variances (rescinded rule)</p> <p>Interim certification (new rule)</p>	Rescind/New	<p>The rule on waivers and variances is moving to rule 5122-25-10.</p> <p>The new rule is replacing content regarding interim certification in current O.A.C. 5122-25-05. It specifies when DBH may determine that a provider qualifies for interim certification, what interim certification allows for, the requirements for interim certification, when interim certification terminates and how it may be extended, and conditions on the certification.</p>
5122-25-07	<p>Denial, revocation, and termination of certification (rescinded rule)</p> <p>Full certification (new rule)</p>	Rescind/New	<p>The rule on refusal and revocation of certification is moving to rule 5122-25-11.</p> <p>The new rule is replacing content regarding full certification in current O.A.C. 5122-25-05. It specifies when DBH may determine that a provider qualifies for full certification; what full certification allows for; the requirements for full certification; when full certification expires, terminates, or is considered revoked; and conditions on the certification.</p>
5122-25-08	<p>Certification fees (rescinded rule)</p> <p>Probationary certification (new rule)</p>	Rescind/New	<p>The rule on certification fees is moving to rule 5122-25-12.</p> <p>The new rule is replacing content in O.A.C. 5122-25-05 pertaining to probationary certification. It specifies when DBH may issue probationary</p>

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			certification; when that certification expires; for how long it may be extended; and when the certification terminates.
5122-25-09	Emergency administrative certification	New	This new rule authorizes DBH to issue emergency administrative certification in emergency situations or for administrative reasons determined by DBH.
5122-25-10	Waivers and variances	New	<p>This new rule replaces the current waivers and variances rule, O.A.C. 5122-25-06.</p> <p>The rule authorizes DBH to grant a waiver or variance from any certification standard for a limited period of time determined by DBH. It also specifies the process a provider must follow to request a waiver or variance.</p>
5122-25-11	Refusal and revocation of certification	New	<p>This new rule replaces the current “denial, revocation, and termination of certification” rule, O.A.C. 5122-25-07. It implements R.C. 5119.36(F).</p> <p>The rule authorizes DBH to refuse to certify certifiable services and supports, refuse to renew certification, or revoke certification for specified grounds and specifies conditions on such actions.</p>
5122-25-12	Certification fees	New	<p>This new rule replaces the current fee rule, O.A.C. 5122-25-08.</p> <p>The rule specifies the fees for initial certification of certifiable services and supports, update certification of certifiable services and supports, and renewal certification of certifiable services and supports.</p>
<i>O.A.C. Chapter 5122-26</i>			
5122-26-01	Purpose	Amend	This rule specifies that the purpose of O.A.C. ch. 5122-26 is to state the obligations for written policies and procedures for providers that provide certifiable services or supports. It is being amended to refer to the Department's certifiable services or supports, which is a defined term in amended O.A.C. 5122-24-01.
5122-26-02	Applicability	Rescind/New	This rule specifies which entities are subject to the rules in O.A.C. chapter 5122-26. It is being changed to reflect amendments the General Assembly made to R.C. 5119.35: (1) clarifies that the rules in the chapter apply to (a) any person or government entity that provides or seeks to provide one or more certifiable services or supports, including (i) a person or government

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			entity that operates or seeks to operate an opioid treatment program, (ii) a person or government entity that operates or seeks to operate a class one residential facility, and (iii) an ADAMHS board that is, under R.C. 340.07, approved by the DBH Director to provide any certifiable service or support; (2) specifies which entities are exempt from the rules; and (3) specifies the specific standard that applies to federally-qualified health centers (FQHC) and FQHC look-alikes.
5122-26-03	Governing body and governance	Rescind/New	This rule requires each provider to have a leadership structure and specifies requirements concerning governance. The substance of this rule is not substantially changing from the rescinded rule. Rather, the rule is being reorganized and modified to reflect drafting standards in LSC's Rule Drafting Manual.
5122-26-04	Policy and procedure manual	Rescind/New	This rule requires a provider to develop and comply with a written manual of policies and procedures regarding all activities of the provider and certifiable services and supports delivered by the provider. It is being changed to (a) add a requirement that a provider have a written policy and procedure describing how the provider ensures that staff assisting clients with telehealth services or providing telehealth services are adequately trained in equipment usage, (b) add a requirement that a provider have a contingency plan for providing services and supports to clients when technical problems occur during a telehealth session, and (c) add a requirement that a provider maintain certain local resource information.
5122-26-06	Human resources management	Rescind/New	This rule requires each provider to have human resources policies, procedures, and processes and a job description for each position; to maintain personnel records in a certain manner; to ensure proper supervision of employees; to verify that employees and contractors have mandated licenses, etc.; to have prospective employees undergo criminal records checks; and to require employees to undergo orientation training, have performance evaluations, and complete continuing education. The rule structure has been changed to clarify the employer responsibilities. The criminal records check language was modified based on information DBH received from the BCI Superintendent.

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5122-26-08	Confidentiality	Rescind/New	This rule describes the minimum written policies and procedures for maintaining confidentiality of client records, treatment information, diagnosis, or other protected health information. It is being changed to clarify that a provider must have a written policy on staff member access to, and disclosure of, an individual client's records, treatment information, diagnosis, and other protected health information. It is also changing to include confidentiality requirements associated with the provision of services through telehealth.
5122-26-08.1	Security of clinical records systems	Rescind/New	This rule requires a provider to have policies and procedures addressing the security of its clinical records system. If a provider maintains an electronic health records system, it requires the system to be certified in accordance with governing federal law (Title XXX of the Public Health Service Act) and R.C. 3701.75. The rule is being changed to require that a provider's policies and procedures for maintaining an electronically-stored clinical records system include multi-factor authentication, consideration of security records outside of electronic health records, and transfer of electronic health records when operations cease.
5122-26-09	Provider service plan (rescinded rule)  Provider service and support plan (new rule)	Rescind/New	This rule requires a provider to develop a provider service and support plan. The rule is being changed to (a) refer to "certifiable services and supports"; (b) require the plan to include a written description of each certifiable support in addition to each certifiable service, including services and supports provided under each ASAM level of care, if applicable; (c) require a provider to develop a policy concerning how often it will revise and update each service and support description; and (d) require the plan to be available in paper or electronic format and be posted on the provider's web site.
5122-26-11	Continuity of care agreements	Amend	This rule requires each provider designated by an ADAMHS board to screen, refer, or admit individuals to a state-operated psychiatric hospital to have a signed continuity of care agreement. It is be amended to refer to "individuals" (rather than "persons" which, under R.C. 1.59, includes an individual, corporation, business trust, estate, trust, partnership, and association) and to refer to a "provider" rather than an "agency." "Provider" is a defined term in O.A.C. 5122-26-02(A). DBH is eliminating references to

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			"agency" throughout O.A.C. chapters 5122-24, 5122-25, 5122-26, 5122-27, and 5122-28 and, instead, using the term "provider."
5122-26-12	Environment of care and safety	Rescind/New	This rule mandates that providers create safety procedures for potential emergency situations. It incorporates the following changes: (a) the purpose statement is modified to make it consistent with the similar rule applicable to private psychiatric hospitals (O.A.C. 5122-14-10); (b) it requires providers to develop an emergency preparedness plan in alignment with the U.S. Department of Homeland Security's guidance; (c) it requires a provider's written policies and procedures on emergency situations to include what is to be done in active shooter situations and to be consistent with U.S. Department of Homeland Security guidance; (d) it requires tornado drills to be conducted at least annually; and (e) it requires providers to keep documentation regarding their regular walk-through and visual safety inspections.
5122-26-13  App. A App. B	Incident notification and risk management	Rescind/New  Rescind/New Rescind	This rule establishes standards to ensure that providers promptly and accurately notify DBH of incidents specified in Appendix A to this rule. This rule also mandates providers to review and analyze all incidents to identify issues and implement corrective measures designed to prevent reoccurrence and manage risk. The substance of this rule is not substantially changing, other than to (a) remove references to O.A.C. 5122-26-16.2 (which was rescinded effective 10/20/2023) and appendix B, which will be rescinded in this package and (b) require that if more than one category of incident is applicable per occurrence, then all categories are to be reported in the same report. Through appendix A, DBH is proposing to add to the list of reportable incidents the following: (1) attempted suicide by client requiring any type of medical intervention; (2) alleged accidental overdose by client, survived; (3) medication diversion for certain categories of providers; (4) missing/unaccounted for medication; and (5) clients aged 22 or younger absent without approval/authorization. DBH is also proposing to add "accidental overdose suspected as cause of death" and "accidental death not suspected as cause of death" as subcategories under "accidental death." Appendix A has been reorganized to highlight which

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			incidents are applicable to different categories of providers for reporting purposes.
5122-26-14	Provider closing or acquisition	Rescind/New	This rule specifies the steps a provider must take when it voluntarily closes. It is being changed to require a provider to give not less than 60 (rather than 30) days notice before the intended date of closure. A provision on debarment has been added in the event that a provider fails to comply with the rule. The rule is also being restructured to delineate the responsibilities a provider has to clients, DBH, and ADAMHS boards.
5122-26-15	Medication handling and theft	Rescind/New	This rule requires providers to have written policies and procedures regarding the purchasing, receipt, storage, distribution, return, and destruction of medication that include accountability for and security of prescription and over-the-counter medications. The rule is being changed to update cross-references, add a provision regarding when a provider does not permit medications onsite, and reorganizes and modifies the rule to reflect drafting standards in LSC's Rule Drafting Manual.
5122-26-17	Service accessibility and availability (rescinded rule)  Service and support accessibility (new rule)	Rescind/New	This rule requires a provider to have written policies, procedures, and processes that ensure services are accessible and available. The substance of this rule is not substantially changing, other than to add a provision requiring the provider's policies, procedures, and processes regarding accessibility and availability of services to specify the steps the provider takes to comply with the appropriate title of the Americans with Disabilities Act.
5122-26-18	Client rights and grievance procedure	Rescind/New	This rule requires each provider to have a written client rights policy, a written client grievance procedure, and a policy for maintaining, for at least two years from resolution, records of client grievances that include certain items. The substance of this rule is not substantially changing, other than to (a) add that a client has a right to reasonable protection from sexual exploitation, (b) add that the right to confidentiality of communications and personal identifying information includes, with respect to an adult client receiving substance use disorder services described in rule 5122-29-09, the right to write or receive uncensored, unopened correspondence subject to the provider's rules of contraband, (c) add that the right to confidentiality of communications and personal identifying information includes, with respect

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			to a minor client receiving residential SUD services described in rule 5122-29-09, the right to write or receive mail subject to the provider's rule regarding contraband and directives from the minor's parent or legal guardian, and (d) add that at least one person to whom the client may give the grievance will be on site during a core number of hours each day the provider is open and one or more advocates will be available onsite or through videoconferencing or other virtual means.
5122-26-22	Telehealth	New	This rule contains subject matter moved from rule 5122-29-31. (Rule 5122-29-31 is being rescinded.) The new rule defines telehealth, specifies which certifiable services and supports may be provided by telehealth, and specifies conditions on the delivery of certifiable services and supports by telehealth.
<i>O.A.C. Chapter 5122-27</i>			
5122-27-01	Applicability	Rescind/New	This rule specifies which entities are subject to the rules in O.A.C. chapter 5122-27. It is being changed to reflect amendments the General Assembly made to R.C. 5119.35: (1) clarifies that the rules in the chapter apply to (a) any person or government entity that provides or seeks to provide one or more certifiable services or supports, including (i) a person or government entity that operates or seeks to operate an opioid treatment program, (ii) a person or government entity that operates or seeks to operate a class one residential facility, and (iii) an ADAMHS board that is, under R.C. 340.07, approved by the DBH Director to provide any certifiable service or support; (2) specifies which entities are exempt from the rules; and (3) specifies the specific standard that applies to federally-qualified health centers (FQHC) and FQHC look-alikes.
5122-27-02	Individual client record requirements (rescinded rule)  Individual client record obligation (new rule)	Rescind/New	This rule requires each community behavioral health services provider to maintain a client record for each client and specifies the documentation that must be in the record and how long the record must be maintained. The rule is being updated to address recordkeeping requirements for general services and when services are provided by telehealth, as well as delineating, by the date the client initiated certifiable services and supports, how long the provider must maintain each client's record.

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5122-27-02.1	Other recordkeeping obligations	New	This rule specifies recordkeeping requirements for behavioral health hotline service and prevention services.
5122-27-03	Treatment planning	Rescind/New	This rule requires a provider that must maintain an individualized client record for a certified service to develop a comprehensive individualized treatment plan for each client. It permits a provider to also develop an initial individualized treatment plan for each client but emphasizes that such plan is not mandatory. The rule also specifies the requirements for an initial individualized treatment plan and comprehensive individualized treatment plan. The substance of the rule is not substantially changing, other than (a) to require a comprehensive individualized treatment plan to contain the client's ASAM level of care if the client is receiving addiction services treatment; (b) to accept electronic signatures of the staff member responsible for developing the comprehensive individualized treatment plan and their clinical supervisor; and (c) to require a comprehensive individualized treatment plan to be reviewed every 90 days if the client receives residential and withdrawal management substance use disorder services or SUD case management services.
5122-27-04	Progress notes	Rescind/New	This rule requires a provider to complete progress notes for each client, specifies the content of progress notes, and how frequently progress notes must be completed.
5122-27-05	Discharge summary (rescinded rule)  Treatment summary (new rule)	Rescind/New	This rule requires a provider, when the provider determines a client is no longer in active status, to complete a treatment summary within 30 days and specifies the content of the treatment summary. The substance of the new rule is not substantially changing, other than to require that a treatment summary must specify any recommendations the provider made to the client associated with the client's individualized treatment plan, including recommendations for where to seek crisis care or emergency services or referrals to other community resources and to accept the electronic signature of the provider staff member who prepares the treatment summary.
5122-27-06	Release of information	Rescind/New	This rule generally requires a release of information to be executed by a client, former client, or that individual's legally authorized representative before a provider may disclose information about the client or former client

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			to another party. The substance of the new rule is not substantially changing other than to update cross-references to federal law and ensure consistency with the federal law requirements. The substance of the new rule is consistent with R.C. 3798.04.
5122-27-07	Addiction treatment level of care (current rule tagline)  Substance use disorder level of care (amended rule tagline)	Amend	This rule establishes criteria for assessing the appropriate level of care for each client receiving certifiable services or supports for substance use disorder (SUD) treatment. It is being revised to refer to "substance use disorder treatment" instead of "addiction treatment."
<i>O.A.C. Chapter 5122-28</i>			
5122-28-01	Purpose	Amend	This rule specifies that the purpose of O.A.C. chapter 5122-28 is to state the requirements and procedures for performance improvement activities, consumer outcome activities, and research activities for providers providing mental health and addiction services. It is not substantively changing.
5122-28-02	Applicability	Rescind/New	This rule specifies which entities are subject to the rules in O.A.C. chapter 5122-28. It is being changed to reflect amendments the General Assembly made to R.C. 5119.35: (1) clarifies that the rules in the chapter apply to (a) any person or government entity that provides or seeks to provide one or more certifiable services or supports, including (i) a person or government entity that operates or seeks to operate an opioid treatment program, (ii) a person or government entity that operates or seeks to operate a class one residential facility, and (iii) an ADAMHS board that is, under R.C. 340.07, approved by the DBH Director to provide any certifiable service or support; (2) specifies which entities are exempt from the rules; and (3) specifies the specific standard that applies to federally-qualified health centers (FQHC) and FQHC look-alikes.
5122-28-03 App. A	Performance improvement	New New	This rule specifies requirements for community behavioral health services providers concerning performance improvement activities. The subject matter of this rule is being combined with current O.A.C. 5122-28-04. DBH is also adding an appendix. Under the new rule, a provider is to develop a written performance improvement plan. The provider is required to take an

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			ongoing systematic approach when developing its plan and ensure that the plan includes certain elements. The new rule also requires a provider to report data, statistics, and other information to DBH on DBH's request for purposes of DBH's responsibilities under R.C. 5119.61.
5122-28-04	Consumer outcomes	Rescind	This rule requires providers to use a system to measure consumer outcomes. It is being rescinded and its subject matter is being consolidated into rule 5122-28-03.
5122-28-05	Research and evaluation activities	Amend	This rule requires research activities to (a) be evaluated by and adhere to the obligations of an independent institutional review board and (b) be conducted in accordance with obligations of the provider's national accrediting organization or the American Evaluation Association. The substance of the rule is not changing. The small changes are to conform the rule to drafting standards in LSC's Rule Drafting Manual.

The public hearing will be held at **10 am on Friday, April 17, 2026**, in the Lobby Hearing Room located on the ground floor of the Rhodes State Office Tower, 30 E. Broad Street, Columbus, Ohio.

The hearing will be conducted in accordance with Chapter 119 of the Ohio Revised Code. Any person affected by the rules may appear and be heard in person, by his or her attorney, or both; may present his or her position, arguments, or contentions, orally or in writing; offer and examine witnesses; and present evidence tending to show that the rules, if adopted or effectuated, will be unreasonable or unlawful.

At this hearing, DBH will accept written and verbal testimony on the rules under consideration. If you plan to testify in person, we request that you send an email to [RulesMarch2026@dbh.ohio.gov](mailto:RulesMarch2026@dbh.ohio.gov) at least five days prior to the hearing and indicate in the subject matter line, "Attendance at CBHS Rules Hearing," so we can ensure there is an adequate number of chairs in the room. We request that if you do plan to give verbal testimony that you also have a written copy of your testimony for our staff. Please also plan to arrive at least 20 minutes before the hearing to ensure adequate time to go through security.

All the rules (amended, rescinded, and new) are accessible from the Register of Ohio: <https://www.registerofohio.state.oh.us/>. The rules will also be posted shortly to DBH's Pending Rules web site: <https://dbh.ohio.gov/rules-and-regulations/rules/pending-rules/pending-rules>.

Persons may also submit written testimony in lieu of appearing at the public hearing. Written testimony transmitted by email must be received no later than 5 pm on the day of the hearing. Emailed testimony can be sent to: [RulesMarch2026@dbh.ohio.gov](mailto:RulesMarch2026@dbh.ohio.gov). In the subject matter line, please specify "Comments on CBHS Rules." Written testimony transmitted by regular mail may be mailed to: Ohio Department of Behavioral Health, Attn: Lisa Musielewicz, 30 E. Broad Street, 36<sup>th</sup> Floor, Columbus, Ohio 43215.