

5122-14-04 Classification of licenses.

(A) The purpose of this rule is to state the three classifications of licenses and the authorization to treat specific age categories of patients.

(B) The provisions of this rule are applicable to each inpatient psychiatric service provider licensed by the department.

(C) Definitions applying to this rule are those appearing in rule [5122-14-01](#) of the Administrative Code.

(D) Licenses shall be classified as follows:

(1) A probationary license, which shall expire within one hundred twenty days of the date of issuance, to be used when:

(a) Serious deficiencies are found during the department's on-site survey of an inpatient psychiatric service provider; or

(b) An inpatient psychiatric service provider's documented corrective action(s) is not approved by the department.

(2) An interim license, which shall expire within ninety days after the date of issuance, to be used for emergency licensure purposes or administrative reasons as determined by the department.

An inpatient psychiatric service provider applying for its first license, and who has preliminary, interim, or similar accreditation shall be issued an interim license until it obtains full accreditation from either TJC, HFAP, or DNV.

(3) A full license, which shall expire one year after the date of issuance.

(E) All licenses are renewable, except that an interim license may be renewed only twice.

(F) A license shall specify authorization to admit either one or both age categories of patients based upon the provision of age appropriate diagnostic and treatment services. The child/adolescent category shall apply to all persons less than eighteen years of age upon admission. The adult category shall apply to all persons eighteen years of age and older upon admission.

(1) Persons less than eighteen years of age shall be admitted only to authorized child/adolescent designated beds;

(2) Persons eighteen years of age and older shall be admitted only to authorized adult designated beds.

(3) The following will be the only exceptions permitted for not admitting a patient to an age appropriate bed. All exceptions shall be based on clinical needs specific to each patient, or the unavailability of age appropriate designated beds. For all exceptions there shall be documentation in the patient's medical record of the reasons for the exception, and ongoing concurrent utilization review. The inpatient service provider shall maintain a log which shall contain the reason for admission, length of stay, referral arrangements, and reason for the exception. The department shall review the log annually.

(a) For child/adolescent admissions to adult beds due to the unavailability of child/adolescent beds, the concurrent utilization review shall include documentation indicating all efforts made to seek appropriate resources and linkages with child/adolescent providers for consultation including treatment planning and after hospitalization care.

(b) The inpatient psychiatric service provider shall inform the parent or legal guardian of the reasons for the decision to admit a child/adolescent to an adult designated bed and also provide information about all available child/adolescent designated beds.

(c) When the admission is an emergency and all child/adolescent designated beds are unavailable, a person less than eighteen years of age upon admission may be admitted to an adult designated bed.

(i) A sixteen or seventeen-year-old patient may remain in an adult designated bed for up to seventy-two hours, and if all child/adolescent beds remain unavailable, the admission may be extended for an additional seventy-two hours. If the admission is extended beyond the first seventy-two hours, an assessment as required in accordance with paragraph (H)(2) (g) of rule [5122-14-13](#) of the Administrative Code shall be conducted, and rehabilitation therapy services and family therapy/interventions shall be available in accordance with paragraphs (N)(3) to (N)(4) of rule [5122-14-12](#) of the Administrative Code.

(ii) A fifteen-year-old or younger patient may remain in an adult designated bed for a maximum of forty-eight hours if all child/adolescent beds remain unavailable.

(d) A seventeen-year-old person may be electively admitted and treated in an adult designated bed if the person is functioning as an adult in such areas as employment (with limited or no school involvement), family, or marriage, or if the diagnosis or problem is such that treatment is warranted in an adult designated bed, providing that such treatment best meets the patient's needs.

(e) An eighteen through twenty-one year old patient may be admitted to a child/adolescent designated bed based on developmental or other clinical needs specific to the patient.

(4) Licensure authorization to admit persons less than eighteen years of age shall require diagnostic and treatment services to meet the needs of these patients in accordance with rules [5122-14-12](#) and 5122-14-14 of the Administrative Code.

Effective: 07/01/2011

R.C. [119.032](#) review dates: 03/21/2011 and 07/01/2016

Promulgated Under: [119.03](#)

Statutory Authority: [5119.20](#)

Rule Amplifies: [5119.20](#)

Prior Effective Dates: 10-12-1978, 1-1-1991, 1-1-2000