

First Alliance Healthcare of Ohio
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PROVIDER SERVICE AND SUPPORT PLAN

Prepared pursuant to Ohio Administrative Code Rule 5122-26-09 (effective August 1, 2026)

Document:	Provider Service and Support Plan	Version / Revision Date:	Version 4 — October 20, 2026
Supersedes:	Provider Service and Support Plan, Version 3 (September 21, 2026)	Next Scheduled Review:	September 2027, and upon any change described in Section VII
Regulatory Authority:	OAC 5122-26-09 (B)–(F); ORC 5119.36; Chapter 5122-29 OAC	Approved By:	David Alexander, Chief Executive Officer
Public Availability:	Paper copy at each FAH site; electronic copy on request; posted at www.firstalliancehc.com (see Section VIII)		

I. PURPOSE

This Provider Service and Support Plan describes how First Alliance Healthcare of Ohio ("FAH" or "the Agency") plans and develops its certifiable services and supports to meet the needs of the populations it serves, as required by OAC 5122-26-09. It sets out the Agency's mission, vision, and goals (Section III); a written description of each certifiable service and support and each service FAH provides that is not certified by the Ohio Department of Behavioral Health (Sections IV and V); the services offered through referral or affiliation with other providers and the responsibilities of each provider (Section VI); the Agency's policy for revising and updating each description (Section VII); and how the Plan is made available to individuals served, their families and significant others, and the public (Section VIII).

II. ORGANIZATION OVERVIEW

First Alliance Healthcare of Ohio is a community behavioral health provider certified by the Ohio Department of Behavioral Health (formerly the Ohio Department of Mental Health and Addiction Services) to provide mental health, substance use disorder, and prevention services and supports to children, adolescents, adults, older adults, and families in Northeast Ohio. FAH bills primarily through Ohio Medicaid and its managed care organizations, including OhioRISE (Aetna Better Health of Ohio), CareSource, UnitedHealthcare Community Plan, Molina Healthcare, AmeriHealth Caritas, Anthem, and Humana, and accepts Medicare and commercial coverage where contracted. FAH does not participate with Buckeye Health Plan; individuals enrolled with Buckeye are assisted in transferring to a participating provider. Services are delivered at the two sites below, in the community, in clients' homes and schools, and by telehealth in accordance with OAC 5122-29-31.

Mayfield Heights (Administrative Office and Service Site)	Lorain (Service Site)
5900 Landerbrook Drive, Suite 301 Mayfield Heights, Ohio 44124 216-417-8813	5315 Oberlin Avenue Lorain, Ohio 44053 216-417-8813 <i>FAH occupies this site under its current lease through October 31, 2026, and is relocating the Lorain site to 1875 North Ridge Road East, Suite H, Lorain, Ohio 44055. FAH will revise this section and file the required update with the Department under Section VII.</i>
Service area	Cuyahoga County and Lorain County, and surrounding Northeast Ohio counties, through office-based, community-based, home- and school-based, and telehealth service delivery.

Populations served. FAH serves individuals across the lifespan who experience mental illness, serious emotional disturbance, substance use disorders, and co-occurring conditions, and delivers prevention services to individuals and families at risk, with an emphasis on underserved communities, individuals with low income, youth involved with child welfare or juvenile justice systems, individuals with intellectual and developmental disabilities, older adults, and adults involved with the criminal justice system. Services are trauma-informed, culturally and linguistically responsive, and available regardless of ability to pay.

III. MISSION, VISION, AND GOALS

Mission. To deliver high-quality behavioral health services that empower individuals to overcome challenges, achieve their goals, and lead fulfilling lives. FAH prioritizes inclusivity, ensuring that all individuals, regardless of background, have access to the resources and support they need to thrive.

Vision. A community where mental health and recovery are prioritized, and every individual receives the care and support needed to lead a fulfilling life.

Goals.

- Provide personalized, person-centered, and family-driven services that are planned with, not for, the individual.
- Ensure equitable, timely access to services for all individuals, including those in underserved communities and those with complex or co-occurring needs.
- Deliver evidence-based, trauma-informed care that produces measurable improvement in symptoms, functioning, and quality of life.
- Foster recovery, resilience, and community integration; prevent or delay the onset of mental, emotional, and behavioral disorders; and promote mental health and substance use awareness.
- Maintain full compliance with Ohio Department of Behavioral Health certification standards, Ohio Medicaid requirements, and national accreditation standards, and use data and stakeholder feedback to continuously improve.

IV. CERTIFIED SERVICES AND SUPPORTS

Each service and support below is certified by the Ohio Department of Behavioral Health under ORC

5119.36 and the rule cited. Unless stated otherwise, services are available at both FAH sites, in the community, and by telehealth; hours listed are the scheduled hours of operation, and same-day and after-hours access is provided through the crisis procedures in Service 6. FAH does not deny admission, or discharge, on the basis of ability to pay. FAH does not provide Mobile Response and Stabilization Services (MRSS) or an ASAM Level 2.1 Intensive Outpatient Program; individuals who need those services are referred under Section VI.

1. General Services — Assessment, Counseling and Therapy, and Medical Activities

Certification / Rule	OAC 5122-29-03 (General services); OAC 5122-29-31 (Telehealth); ITP per OAC 5122-27-03.
Detailed description	General services are the clinical foundation of every FAH episode of care. They are provided by licensed and credentialed professionals within their scope of practice and include: • Assessment: initial and comprehensive diagnostic evaluations (Adult Diagnostic Evaluation and Psychosocial Assessment; Child/Youth Diagnostic Evaluation and Functional Assessment) that establish diagnosis, treatment needs, and level of care using LOCUS, CALOCUS, and, for substance use disorders, the ASAM Criteria; annual reviews of symptoms, functioning, and diagnosis; and risk assessment and safety planning. • Individual counseling and therapy using evidence-based practices including Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy skills, Trauma-Focused CBT, Motivational Interviewing, and solution-focused approaches. • Group counseling and therapy (maximum 1:12 professional-to-client ratio) addressing coping skills, emotional regulation, social skills, anxiety and depression management, trauma recovery, and relapse prevention. • Family counseling and therapy to improve communication, resolve conflict, and strengthen family functioning in support of the identified client's treatment. • Medical activities: psychiatric evaluation, medication prescribing and management, medication monitoring, health screenings, and laboratory ordering by physicians, advanced practice registered nurses, and nurses within scope of practice, including medication for opioid and alcohol use disorders where clinically indicated.
Days and hours of operation	Monday through Friday, 8:00 AM – 5:00 PM (in person and telehealth); evening telehealth appointments by arrangement.

Sites / delivery settings	Mayfield Heights and Lorain sites; telehealth; home- and school-based sessions when clinically indicated.
Population served — needs and characteristics	Children (age 3 and older), adolescents, adults, and older adults with mental illness, serious emotional disturbance, substance use disorders, and co-occurring conditions, including depression, anxiety, trauma- and stressor-related disorders, mood disorders, psychotic disorders, ADHD and disruptive behavior disorders, and co-occurring intellectual or developmental disabilities. Priority is given to underserved communities, individuals with low income, and individuals with co-occurring disorders.
Goals of the service	• Establish an accurate diagnosis and an individualized treatment plan with measurable objectives. • Reduce symptoms and improve daily functioning, relationships, and quality of life. • Determine and document the least restrictive, clinically appropriate level of care. • Support recovery and prevent hospitalization or out-of-home placement.
Scope and staffing	Provided by psychiatrists, APRNs, RNs/LPNs, psychologists, independently licensed and dependently licensed social workers, counselors, and marriage and family therapists, and chemical dependency counselors, under supervision consistent with OAC 5122-29-30 and 5122-26-06(H). Outpatient level of care; individuals requiring a higher level of care are referred under Section VI.

2. Community Psychiatric Supportive Treatment (CPST)

Certification / Rule	OAC 5122-29-17 (Community psychiatric supportive treatment service).
Detailed description	CPST is a community-based, individualized support service that helps individuals and families manage symptoms, access resources, and achieve treatment plan goals in the settings where they live, learn, and work. CPST activities include: • Ongoing assessment of needs, strengths, and progress; development and monitoring of the individualized treatment plan. • Symptom monitoring and education; assistance with self-management of the mental illness. • Coordination of care with psychiatric, medical, educational, child welfare, juvenile justice, housing,

	and other systems. • Assistance in obtaining housing, benefits, employment, education, and other basic needs; advocacy and linkage. • Crisis prevention planning and intervention, and support during transitions between levels of care (including hospital and residential discharge). • Support to family members and caregivers in their role in the individual's treatment.
Days and hours of operation	Monday through Friday, 8:00 AM – 5:00 PM; flexible community and after-hours contacts scheduled to meet client need.
Sites / delivery settings	Primarily in the community — homes, schools, shelters, courts, and other natural settings — with office and telehealth contacts as appropriate.
Population served — needs and characteristics	Children, adolescents, and adults with serious mental illness or serious emotional disturbance, including OhioRISE-enrolled youth, who require assistance to stabilize, remain in the community, and access and use community resources.
Goals of the service	• Stabilize symptoms and maintain the individual in the least restrictive setting. • Improve independent living, social, and self-management skills. • Ensure timely access to and coordination of needed community resources. • Reduce psychiatric hospitalization, emergency department use, and out-of-home placement.
Scope and staffing	Provided by CPST-eligible staff (licensed clinicians, care managers with a bachelor's degree or equivalent, and Qualified Behavioral Health Specialists) under clinical supervision. Where CPST is delivered through a delegated or affiliated provider, FAH retains responsibility for the treatment plan, supervision, and quality oversight (see Section VI).

3. Therapeutic Behavioral Services (TBS) and Psychosocial Rehabilitation (PSR)

Certification / Rule	OAC 5122-29-18 (Therapeutic behavioral services and psychosocial rehabilitation service).
Detailed description	TBS and PSR are structured, goal-directed skill-building services delivered individually or in groups by Qualified

	Behavioral Health Specialists (QBHS) and licensed staff. They help individuals develop and maintain the skills needed to live, learn, work, and participate in the community: • Therapeutic behavioral services: behavioral interventions, modeling, and coaching that reduce problem behaviors and build adaptive skills in the home, school, and community. • Psychosocial rehabilitation: daily living skills (budgeting, medication routines, nutrition, hygiene, household management), social and communication skills, community navigation, and pre-vocational and educational readiness. • Coordination with the individual's therapist and CPST provider so skill goals reinforce the treatment plan. • Ongoing measurement of skill acquisition and adjustment of goals.
Days and hours of operation	Monday through Friday, 9:00 AM – 5:00 PM; school-based and after-school sessions scheduled as needed.
Sites / delivery settings	Community, home, school, and FAH sites.
Population served — needs and characteristics	Children, adolescents, and adults with mental illness or serious emotional disturbance whose functional impairments limit independence, school or work performance, or community participation, including individuals with co-occurring developmental disabilities.
Goals of the service	• Increase independent functioning and self-sufficiency. • Reduce behaviors that interfere with home, school, work, or community participation. • Support successful community integration and prevent higher levels of care.
Scope and staffing	Individual and group formats; provided by QBHS staff under supervision of licensed clinicians. Outpatient, community-based level of care.

4. Substance Use Disorder Treatment — Outpatient (ASAM Level 1)

Certification / Rule	OAC 5122-29-03 (General services — SUD assessment, counseling, and medical activities); Ohio Medicaid OAC 5160-27-09; The ASAM Criteria.
Detailed description	FAH provides outpatient substance use disorder

	treatment at ASAM Level 1 in accordance with the ASAM Criteria for admission, continued stay, transfer, and discharge. An ASAM multidimensional assessment and documented level-of-care rationale are completed at admission and at each review. Services include: • SUD assessment and ASAM level-of-care determination. • Individual, group, and family counseling (fewer than 9 hours per week for adults; fewer than 6 hours per week for adolescents) using CBT, Motivational Interviewing, contingency management, and relapse-prevention approaches. • Medication for addiction treatment (MAT/MOUD) and medical monitoring by FAH prescribers; toxicology screening; and recovery support planning. • Co-occurring capability: integrated treatment of mental health and substance use conditions within one treatment plan. • Continued-stay reviews and transitions documented on the SUD ASAM Level of Care Determination and Clinical Rationale form. When the ASAM determination indicates a more intensive level of care, including Level 2.1 Intensive Outpatient, FAH refers the individual to an affiliated provider (Section VI) and continues case management, peer support, and, where appropriate, counseling during that episode.
ASAM level(s) of care	Level 1 (Outpatient) only. Intensive outpatient (2.1), partial hospitalization (2.5), withdrawal management, and residential levels (3.1–3.7) are provided through referral and affiliation (Section VI).
Days and hours of operation	Monday through Friday, 8:00 AM – 5:00 PM; evening telehealth sessions by arrangement.
Sites / delivery settings	Mayfield Heights and Lorain sites; telehealth.
Population served — needs and characteristics	Adolescents and adults with a DSM-5-TR substance use disorder who can be safely and effectively treated at an outpatient level, including individuals with co-occurring mental illness, pregnant and parenting individuals, individuals referred by courts or child welfare, and individuals stepping down from intensive outpatient, residential, or withdrawal-management levels of care.
Goals of the service	• Achieve and sustain abstinence or reduced use and reduce the harms of substance use. • Match each individual to the least intensive level of care that is safe and effective, and transition smoothly between levels.

	• Treat co-occurring mental health conditions in an integrated manner. • Build recovery capital — housing, employment, family support, and recovery community connections.
Scope and staffing	Provided by LICDC, LCDC II/III, and licensed mental health professionals with SUD scope, with medical services by prescribers. Outpatient (Level 1) only; FAH maintains referral and affiliation relationships for all higher levels of care.

5. Substance Use Disorder Case Management

Certification / Rule	OAC 5122-29-13 (Substance use disorder case management service).
Detailed description	SUD case management coordinates and monitors the services an individual with a substance use disorder needs to enter and sustain recovery: • Assessment of service needs and development of a case management plan integrated with the treatment plan. • Linkage and referral to withdrawal management, intensive outpatient, residential and outpatient treatment, MAT prescribers, primary and specialty medical care, and mental health services. • Assistance obtaining housing, employment, education, transportation, legal assistance, and benefits. • Monitoring of treatment participation and recovery progress; advocacy with courts, child welfare, and other systems. • Relapse-prevention planning and crisis linkage.
Days and hours of operation	Monday through Friday, 9:00 AM – 5:00 PM; community contacts scheduled as needed.
Sites / delivery settings	Community, FAH sites, and telehealth.
Population served — needs and characteristics	Adolescents and adults with substance use disorders, including those with co-occurring mental illness, justice or child-welfare involvement, homelessness, or other complex needs, at any ASAM level of care, including individuals receiving intensive outpatient or residential treatment from an affiliated provider.
Goals of the service	• Ensure timely entry into, and retention in, the appropriate level of SUD treatment.

	• Remove barriers to recovery and connect individuals to community supports. • Improve coordination among treatment, medical, and social service providers.
Scope and staffing	Provided by chemical dependency counselors, care managers, and QBHS staff under supervision.

6. Crisis Intervention Services

Certification / Rule	OAC 5122-29-10 (Crisis intervention service).
Detailed description	FAH provides immediate, face-to-face and telehealth crisis assessment and intervention to enrolled individuals experiencing a behavioral health emergency: • 24-hour crisis telephone access for enrolled clients, with same-day face-to-face or telehealth assessment during business hours. • Crisis assessment, risk assessment (including suicide and violence risk), de-escalation, and safety planning. • Short-term crisis counseling and stabilization; linkage to inpatient, residential, withdrawal management, or crisis stabilization units when needed, and follow-up after any emergency department visit or hospitalization. • Warm hand-offs to affiliated 24/7 crisis providers (Section VI) for individuals not enrolled with FAH, when the situation exceeds FAH's response capacity, or when a child or youth needs mobile response and stabilization. FAH does not provide Mobile Response and Stabilization Services (MRSS). Children, youth, and families who need MRSS are referred to the MRSS provider serving their county through the county crisis line or the OhioRISE care management entity, and FAH coordinates with that provider for enrolled youth (Section VI).
Days and hours of operation	24 hours a day, 7 days a week by telephone for enrolled clients, with in-person response Monday through Friday, 8:00 AM – 5:00 PM.
Sites / delivery settings	FAH sites, community, home, and school; telehealth.
Population served — needs and characteristics	Children, adolescents, adults, and families enrolled with FAH who are experiencing an acute behavioral health crisis, including suicidal or homicidal ideation,

	acute psychiatric symptoms, trauma reactions, and substance-related crises.
Goals of the service	• Resolve the immediate crisis safely and in the least restrictive setting. • Prevent unnecessary emergency department use, hospitalization, and out-of-home placement. • Connect the individual and family to ongoing treatment and supports within 7 days. • Build individual and caregiver capacity to manage future crises.
Scope and staffing	Provided by licensed clinicians and trained crisis staff with 24/7 access to a supervising licensed clinician and to psychiatric consultation. FAH does not operate a mobile response team, a crisis stabilization unit, or inpatient beds; those services are accessed through referral and affiliation.

7. Mental Health Day Treatment

Certification / Rule	OAC 5122-29-06 (Mental health day treatment service).
Detailed description	Mental health day treatment is a structured, intensive, non-residential program that provides a planned combination of therapeutic, educational, and skill-building activities for individuals who need more support than outpatient therapy but do not require inpatient care: • Individualized treatment plans with measurable goals developed from a comprehensive assessment. • Daily therapeutic groups using CBT, DBT skills, and trauma-informed approaches focused on emotional regulation, coping, and problem solving. • Individual and family therapy sessions integrated into the program week. • Educational coordination with the child's school and on-site academic support for school-age participants. • Life-skills, social-skills, recreational, and pre-vocational activities.
Days and hours of operation	Monday through Friday, 9:00 AM – 3:00 PM (minimum of 3 program hours per day).
Sites / delivery settings	Mayfield Heights site.
Population served — needs and characteristics	Primarily children and adolescents with serious

	emotional disturbance or behavioral disorders who require a higher level of care than outpatient therapy, including youth transitioning from inpatient, residential, or partial hospitalization, and youth at risk of school exclusion or out-of-home placement; adults are served when clinically appropriate.
Goals of the service	• Stabilize symptoms and behavior and return the individual to a less intensive level of care. • Improve emotional regulation, social functioning, and school or work engagement. • Prevent psychiatric hospitalization and out-of-home placement.
Scope and staffing	Multidisciplinary team of licensed clinicians and QBHS staff at a staffing ratio consistent with rule; group size limited to support individualized attention. Level of care between outpatient and partial hospitalization.

8. Peer Support Services

Certification / Rule	OAC 5122-29-15 (Peer support services); OAC 5122-29-15.1 (Adult, family, and youth certified peer supporter).
Detailed description	Peer support is a person-centered, strengths-based service delivered by Ohio-certified adult, family, and youth peer supporters (OAC 5122-29-15.1) who use their own lived experience of mental illness or substance use recovery to inspire hope and help others build the skills and connections that sustain recovery: • Individual peer support and recovery coaching — goal setting, self-advocacy, and navigation of treatment and community systems. • Facilitated peer-led support groups (mental health, substance use, and co-occurring recovery). • Community integration — assistance connecting to housing, employment, education, faith and cultural communities, and recovery community organizations. • Peer support during and after crises, including follow-up after emergency department or hospital contact. • Family and youth peer support for caregivers and young people, including OhioRISE-enrolled families.
Days and hours of operation	Monday through Saturday, 8:00 AM – 6:00 PM.
Sites / delivery settings	FAH sites, community, home, and telehealth.
Population served — needs and characteristics	Adults, young adults, adolescents, and family members

	affected by mental illness and/or substance use disorders who can benefit from peer-based support to enhance recovery, build resilience, and navigate systemic barriers.
Goals of the service	• Instill hope and increase self-determination and engagement in recovery. • Improve retention in treatment and connection to natural and community supports. • Reduce isolation, relapse, and crisis episodes.
Scope and staffing	Provided by Ohio-certified adult, family, and youth peer supporters. Peer supporters are supervised by a designated Peer Support Supervisor who meets OAC 5122-29-15.1(E) — a licensed clinician listed in paragraph (E)(2) (or an individual with two years of peer services experience under paragraph (E)(1)) who has completed the Department's sixteen hours of online learning and four-hour supervising peers training. Peer support complements but does not replace clinical treatment.

9. Prevention Services

Certification / Rule	OAC 5122-29-20 (Prevention services, effective July 24, 2026); FAH Policies PS-6 through PS-10.
Detailed description	FAH provides culturally relevant, evidence-based prevention services designed to reduce the likelihood of, or delay the onset of, mental, emotional, and behavioral (MEB) disorders and related adverse outcomes, using the strategies in OAC 5122-29-20(B) (1), including prevention education, problem identification and referral, alternatives, community-based process, environmental strategies, and information dissemination. Prevention participants are not clients in treatment. Current programs: • Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors): depression screening (PHQ-9 or GDS-15), education about depression and self-care, behavioral activation with individualized activity goals, and linkage to treatment and community resources, delivered in 3–6 in-home or telephone contacts over 3–6 months under the developer's model. • Strengthening Families Program (SFP): 14 weekly two-hour sessions of parent, child/youth, and family skills groups, with meal and child care, booster sessions, and parent engagement between sessions, delivered under the developer's curriculum.

	• Indirect services: community education events and health fairs, information dissemination and media campaigns, coalition participation, screening events, and training for partner organizations. • Referral of participants with an identified need to treatment, primary care, social services, and community resources under Policy PS-8, with warm referrals and follow-up. • Fidelity monitoring and evaluation of reach, dosage, and outcomes under Policy PS-9.
Days and hours of operation	Monday through Friday, 9:00 AM – 5:00 PM, with evening sessions (SFP) and community events scheduled to meet participant and partner needs.
Sites / delivery settings	FAH sites; participants' homes and by telephone (Healthy IDEAS); schools, senior centers, faith communities, and other community settings; virtual sessions where appropriate.
Population served — needs and characteristics	Universal, selective, and indicated populations in Cuyahoga and Lorain Counties, including adults age 60 and older with depressive symptoms or risk factors such as isolation, chronic illness, caregiving, or loss (Healthy IDEAS); families with children ages 6–17 at elevated risk because of parental substance use or mental illness, child welfare or juvenile court involvement, school behavior concerns, or economic stress (SFP); and the general community (indirect services).
Goals of the service	• Increase protective factors and reduce risk factors for MEB disorders and substance use. • Reduce depressive symptoms and isolation among older adults and support aging in place. • Improve parenting skills, family communication, and child social competence, and delay the onset of youth substance use. • Connect participants with identified needs to treatment, health care, social services, and community resources.
Scope and staffing	Prevention interventions are planned, led, and documented by staff qualified under OAC 5122-29-20(C)(5): (a) licensed, certified, or registered individuals — including licensed social workers, licensed chemical dependency counselors, chemical dependency counselor assistants, and registered applicants of the Ohio Chemical Dependency Professionals Board — who demonstrate prevention competency within the scope

	of practice of their license, certification, or registration and comply with the supervisory and ethical mandates of their regulatory board; and (b) prevention specialist assistants, prevention specialists, or prevention consultants certified under Chapter 4758 of the Revised Code, working within their scope of practice and supervised in accordance with OAC 4758-6-08, 4758-6-09, and 4758-6-10. Prevention competency is documented in each staff member's personnel record. Prevention services are directed and supervised by the Program Supervisor – Prevention, a licensed professional eligible under Agency 5122 rules to supervise within the applicable scope of practice. Volunteers assist only under supervision (Policy PS-6), and prevention staff complete workforce development under Policy PS-7. Prevention is not a treatment level of care; participants who need treatment are referred under Policy PS-8.
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V. SERVICES AND SUPPORTS NOT CERTIFIED BY THE OHIO DEPARTMENT OF BEHAVIORAL HEALTH

OAC 5122-26-09(C) requires a written description of any service or support FAH provides that is not certified by the Department. FAH provides the following services under separate certification by the Ohio Department of Developmental Disabilities (DODD) and the Ohio Department of Aging (ODA):

10. DODD Home and Community-Based Waiver Services

Certification / authority	Ohio Department of Developmental Disabilities provider certification (OAC Chapter 5123-2); Individual Options, Level One, and SELF waivers; county board of developmental disabilities authorization.
Detailed description	Homemaker/Personal Care and related waiver services that support individuals with intellectual and developmental disabilities to live safely in their homes and participate in their communities, delivered according to each individual's Individual Service Plan (ISP) developed by the county board service and support administrator. • Assistance with activities of daily living, personal care, medication reminders, meal preparation, and household tasks. • Community integration, transportation, and support for social and recreational participation. • Behavioral support coordination with the individual's behavioral health treatment team when the person also receives FAH mental health or SUD services.

Days and hours	Seven days a week, as authorized in the ISP, including overnight support where authorized.
Population — needs and characteristics	Children and adults with intellectual and developmental disabilities enrolled in a DODD waiver, including individuals with co-occurring mental illness or complex behavioral needs.
Goals and scope	Promote health, safety, independence, and community membership consistent with the ISP; provided by DODD-certified direct support professionals who complete DODD-required training and background checks.

11. Ohio Department of Aging (ODA) Community Services

Certification / authority	Ohio Department of Aging provider certification (OAC Chapter 173-39) for PASSPORT and related programs; Area Agency on Aging authorization.
Detailed description	Personal care, homemaker, and related in-home services that help older adults remain safely at home, delivered according to the care plan developed by the Area Agency on Aging care manager, with coordination to FAH behavioral health and prevention services for older adults experiencing depression, anxiety, grief, cognitive changes, or substance misuse.
Days and hours	Seven days a week, as authorized in the care plan.
Population — needs and characteristics	Adults age 60 and older, and adults with disabilities, who are eligible for ODA-administered home and community-based programs.
Goals and scope	Support aging in place, prevent premature institutionalization, and integrate behavioral health and aging services; provided by ODA-certified personal care aides and homemakers under supervision.

VI. SERVICES OFFERED THROUGH REFERRAL OR AFFILIATION, AND RESPONSIBILITIES OF EACH PROVIDER

FAH maintains referral relationships and, where required by rule or contract, written affiliation agreements with the providers below for services and levels of care that FAH does not provide directly. The general responsibilities that apply to every referral and affiliation are set out first, followed by the specific services and providers.

A. General Responsibilities

First Alliance Healthcare of Ohio	Affiliated or Receiving Provider
• Identify the need for the external service through assessment, treatment-plan review, ASAM/LOCUS/CALOCUS level-of-care determination, or crisis response. • Discuss the referral with the individual (and family or guardian) and obtain a written release of information compliant with HIPAA and, for SUD records, 42 C.F.R. Part 2. • Prepare and transmit a referral packet: reason for referral, diagnoses, current treatment plan, assessments, medications, risk information, and level-of-care rationale. • Coordinate the admission or appointment, including transportation assistance where needed, and document every referral action in the client record (OAC 5122-29-09 where applicable). • Continue CPST, case management, peer support, and, where appropriate, therapy during the external episode of care. • Follow up within 7 days of referral and after discharge; integrate the affiliate's recommendations and medications into the FAH treatment plan; resume or adjust services on the individual's return.	• Accept referrals and complete admission or intake within the affiliate's published access standards; notify FAH promptly if the individual cannot be accepted. • Deliver the specialized service and develop its own treatment plan, keeping FAH informed of admission, progress, changes in condition, and anticipated discharge. • Communicate with the FAH clinician or case manager at least at admission, at significant changes, and at discharge; participate in joint treatment-planning contacts on request. • Provide a discharge or transition summary, medication list, and aftercare recommendations to FAH before or at discharge. • Maintain confidentiality under HIPAA and 42 C.F.R. Part 2 and honor the individual's rights and grievance procedures. • Notify FAH immediately of any serious incident involving the individual.

B. Services and Affiliated Providers

Service / level of care	Affiliated providers	Referral process and division of responsibility
Inpatient psychiatric hospitalization (adult and adolescent)	Northcoast Behavioral Healthcare (Northfield); Laurelwood Hospital (Willoughby); University Hospitals Behavioral Health Institute (Cleveland); Cleveland Clinic Psychiatry (Cleveland)	Referred when crisis assessment or LOCUS/CALOCUS indicates need for 24-hour medically managed care. FAH provides crisis assessment, transport coordination, and discharge planning participation; hospital provides admission, treatment, and discharge summary.
Partial hospitalization and mental health intensive outpatient	Laurelwood Hospital; University Hospitals Behavioral Health Institute	Used for step-down from inpatient or step-up from FAH outpatient/day treatment. FAH continues CPST and case management during the program and resumes therapy on completion.

Service / level of care	Affiliated providers	Referral process and division of responsibility
SUD intensive outpatient (ASAM Level 2.1)	Stella Maris (Cleveland); Recovery Resources (Cleveland); The LCADA Way (Lorain County)	Referred when the ASAM level-of-care determination indicates Level 2.1. FAH's SUD case manager coordinates admission, maintains contact during the program, and, on completion, arranges step-down to FAH Level 1 outpatient services; FAH prescribers may continue MAT where agreed with the affiliate. The affiliate provides the IOP program, its treatment plan, and a discharge summary.
Withdrawal management and residential SUD treatment (ASAM 3.1, 3.5, 3.7, and WM levels)	Stella Maris (Cleveland); Cleveland Treatment Center (Cleveland); Salvation Army Harbor Light Complex (Cleveland); The LCADA Way (Lorain County)	Referred when the ASAM level-of-care determination indicates a residential or withdrawal-management level. FAH's SUD case manager coordinates admission, maintains contact during the stay, and arranges step-down on discharge to an affiliated Level 2.1 program or to FAH Level 1 (OAC 5122-29-09 referral documentation).
Opioid treatment program (methadone)	Cleveland Treatment Center; CommQuest / other OTPs as needed	FAH prescribers manage buprenorphine and naltrexone; individuals needing methadone are referred, with FAH continuing counseling and case management where the OTP does not provide them.
Crisis stabilization, 24/7 crisis lines, and mobile crisis for non-enrolled individuals or beyond FAH capacity	FrontLine Service — Cuyahoga County 24/7 crisis line and mobile crisis (Cleveland); The Nord Center — Lorain County crisis line and stabilization (Lorain); Coleman Health Services crisis services (Summit/Portage); 988 Suicide and Crisis Lifeline; Ohio Crisis Text Line	FAH staff make warm hand-offs by telephone, share risk information under the crisis exception, and follow up with the individual and crisis provider within 24 hours; the crisis provider performs assessment, stabilization, and placement.
Mobile Response and Stabilization Services (MRSS) for children, youth, and families	The MRSS provider serving the youth's county, accessed through the county crisis line (FrontLine Service in Cuyahoga County; The Nord Center in Lorain County), 988,	FAH does not provide MRSS. When a child or youth needs mobile response, FAH staff connect the family to the county MRSS provider by warm hand-off, share risk

Service / level of care	Affiliated providers	Referral process and division of responsibility
	or the OhioRISE care management entity	information with consent or under the crisis exception, and follow up within 24 hours. For FAH-enrolled youth, FAH coordinates the MRSS stabilization plan with the MRSS provider and the OhioRISE care management entity and continues CPST, therapy, and other FAH services.
OhioRISE care coordination and specialized youth services (IHBT, MST, FFT, psychiatric residential treatment)	Aetna Better Health of Ohio (OhioRISE) and its Care Management Entities; contracted IHBT/MST/FFT and PRTF providers	FAH completes the CANS and diagnostic evaluation, refers eligible youth to OhioRISE, participates in child and family team meetings, and coordinates CPST and other FAH services with the care management entity.
Housing and emergency shelter	Salvation Army Harbor Light Complex; Cuyahoga County Coordinated Intake (211); Lorain County housing agencies; EDEN, Inc.; FrontLine Service housing programs	FAH case managers assist with eligibility, applications, and move-in and monitor housing stability as part of the treatment plan; housing providers manage placement and communicate changes in status.
Legal, probation, and reentry support	Cuyahoga County Court of Common Pleas — Corrections Planning Board and specialized dockets; Lorain County Adult Probation; Cuyahoga County Juvenile Court	FAH provides assessments, treatment, and progress reports required by the court with the individual's consent; court staff manage supervision and communicate compliance requirements.
Primary and specialty medical care	MetroHealth System; Neighborhood Family Practice; Lorain County Health & Dentistry; individual's own primary care provider	FAH coordinates physical health needs identified in assessment, obtains releases, and exchanges medication information; medical providers deliver care and share results affecting behavioral health treatment.
Developmental disabilities and aging systems	Cuyahoga County Board of Developmental Disabilities; Lorain County Board of DD; Western Reserve Area Agency on Aging	County boards and the AAA authorize and monitor waiver services (Section V); FAH delivers authorized services and integrates behavioral health and prevention

Service / level of care	Affiliated providers	Referral process and division of responsibility
		services with the ISP or care plan.

FAH reviews each affiliation at least annually for responsiveness, quality, and compliance, and updates this section whenever a provider is added or removed.

VII. POLICY FOR REVISION AND UPDATE OF SERVICE AND SUPPORT DESCRIPTIONS (OAC 5122-26-09(E))

A. Scheduled review. The Chief Executive Officer, with the Director of Operations and the Quality Improvement Committee, reviews the entire Provider Service and Support Plan at least annually, in September, using service utilization data, client and family satisfaction and outcome data, community needs information, and staff and stakeholder input.

B. Mandatory revision. A service or support description in Section IV or V will be revised, and this Plan re-issued, whenever any of the following changes: (1) the description of the service or support, including the services provided under any ASAM level of care; (2) the days or hours the service is available; (3) the needs or characteristics of the population served; or (4) the goals or scope of the service. Revision is also required when a certifiable service is added or discontinued, a site opens, closes, or relocates, a service is delivered through a new delegation or affiliation, or a regulatory, accreditation, or payer change alters how a service is delivered.

C. Procedure. The Program Manager responsible for the affected service submits the proposed change to the Director of Operations within 10 business days of the change being approved or identified. The Director of Operations revises the description, updates the version number and revision date, and obtains the CEO's approval. The revised Plan is distributed to staff, posted on the website, and placed at each site within 10 business days of approval, and any required update application is filed with the Ohio Department of Behavioral Health under OAC 5122-25-03.

D. Revision history. Each revision is recorded in the revision log in Section IX, and prior versions are retained for at least seven years.

VIII. AVAILABILITY OF THE PLAN (OAC 5122-26-09(F))

This Plan is available for review by individuals served, their families and significant others, and the public, without charge, in the following ways:

- **Website.** The current Plan is posted at www.firstalliancehc.com and can be viewed or downloaded at any time; each revision is posted within 10 business days of approval.
- **Paper copies.** A printed copy is kept at the reception area of each FAH site and is provided on request; the Plan is also included in the client orientation packet and reviewed with each individual (and family, with consent) at admission.
- **Electronic copies.** An electronic copy is provided by email on request to info@firstalliancehc.com or by calling 216-417-8813.
- **Accessible formats.** The Plan is provided in large print, in languages other than English, and in other alternative formats on request, and staff will read and explain the Plan to any individual who requests assistance.
- **Regulators, accreditors, and payers.** The Plan is provided on request to the Ohio Department of Behavioral Health, boards of alcohol, drug addiction, and mental health services, accrediting

bodies, and managed care organizations.

IX. APPROVAL AND REVISION HISTORY

Version	Date	Summary of changes
1	2021	Initial Provider Service Plan.
2	2024	Added Day Treatment, Peer Support, and MRSS descriptions; expanded affiliation list.
3	September 21, 2026	Retitled Provider Service and Support Plan and reorganized to OAC 5122-26-09 as amended August 1, 2026; added organization overview and sites; standardized each service description; added descriptions of DODD and ODA services not certified by the Department; consolidated affiliations into a responsibility matrix; added mandatory-revision policy and website posting requirement.
4	October 20, 2026	Retracted Mobile Response and Stabilization Services (MRSS): removed MRSS from Service 6 (now Crisis Intervention Services) and added MRSS as a referral service in Section VI. Removed ASAM Level 2.1 Intensive Outpatient from Service 4 (now SUD Outpatient, ASAM Level 1 only) and added Level 2.1 as a referral service in Section VI. Added Service 9, Prevention Services (OAC 5122-29-20), describing Healthy IDEAS, the Strengthening Families Program, and indirect prevention services. Identified the Lorain site address (5315 Oberlin Avenue, occupied through October 31, 2026). Removed Buckeye Health Plan from participating plans. Renumbered DODD and ODA services as 10 and 11. Updated title of the Director of Operations. Aligned Peer Support staffing and supervision with OAC

Version	Date	Summary of changes
		5122-29-15.1(E) and Prevention staffing and supervision with OAC 5122-29-20(C)(5)-(6); identified the Lorain relocation address (1875 North Ridge Road East, Suite H).

/s/ David Alexander

David Alexander, Chief Executive Officer

Date: October 20, 2026 (signed electronically)

/s/ Joenisha Sanders

Joenisha Sanders, Director of Operations

Date: October 20, 2026 (signed electronically)