



Ohio Administrative Code Rule 3701-19-12 Contracted services.

Effective: February 15, 2015

(A) A provider of a hospice care program may arrange for another person or public agency to furnish a component or components of the hospice care program pursuant to a written contract in compliance with 42 C.F.R. 418.64 (2008).

(B) Any contract executed under paragraph (A) of this rule, including a contract to which paragraph (C) of this rule applies, shall be legally binding on both parties and shall do all of the following:

(1) Identify the services that may be provided;

(2) Stipulate that services may be provided only with the express authorization of the hospice care program;

(3) Describe the manner in which the contracted services are coordinated, supervised, and evaluated by the hospice care program;

(4) Delineate the role or roles of the hospice care program and the contractor in the admission process, patient and family assessment, and the interdisciplinary team reviews;

(5) Stipulate the requirements for documenting that services are furnished in accordance with the contract and the requirements of Chapter 3712. of the Revised Code, Chapter 3701-13 and this chapter of the Administrative Code;

(6) Set forth the qualifications of the personnel providing the services; and

(7) Stipulate that the hospice care program shall provide hospice care orientation and training, in accordance with paragraph (E) of rule 3701-19-09 of the Administrative Code, to the contractor's personnel who provide the care under the contract.



(C) When a provider of a hospice care program arranges for a hospital, a home providing nursing care, or home health agency to furnish a component or components of the hospice care program to its patient, the care shall be provided by a licensed, certified, or accredited hospital, home providing nursing care, or home health agency pursuant to a written contract under which:

(1) The provider of hospice care program furnishes to the contractor a copy of the hospice patient's interdisciplinary plan of care that is established under division (C) of section 3712.06 of the Revised Code and rule 3701-19-11 of the Administrative Code and specifies the care that is to be furnished by the contractor;

(2) The regimen described in the established plan of care is continued while the hospice patient receives care from the contractor, subject to the patient's needs, and with approval of the coordinator of the interdisciplinary team designated pursuant to division (C)(1) of section 3712.06 of the Revised Code and paragraph (A) of rule 3701-19-11 of the Administrative Code;

(3) All care, treatment, and services furnished by the contractor are entered into the hospice patient's medical record;

(4) The designated coordinator of the interdisciplinary team ensures conformance with the established plan of care;

(5) A copy of the contractor's medical record and discharge summary is retained as part of the hospice patient's medical record; and

(6) The contractor complies with the requirements of Chapter 3712. of the Revised Code, and this chapter as applicable to the contracted service.

(D) The hospice care program shall encourage any hospital contracting for inpatient care to offer temporary limited privileges to the hospice patient's attending physician while the hospice patient is receiving inpatient care from the hospital.

(E) The hospice care program shall assure the continuity of patient and family care in the home, outpatient, and inpatient settings.



(F) The hospice care program shall retain professional management responsibility for contracted services and shall ensure that those services are furnished in a safe and effective manner, by persons meeting the qualifications prescribed by Chapter 3701-13 and this chapter of the Administrative Code, and in accordance with the patient's plan of care and the other requirements of this chapter.

(G) The hospice care program shall retain responsibility for payment for services provided by a contractor which are related to the palliation and management of the terminal illness, arranged for by the hospice care program, and included in the patient's plan of care.

(H) The hospice care program may contract with a durable medical equipment supplier, only if that supplier meets the medicare supplier quality and accreditation standards at 42 C.F.R. 424.57 (2011) and, as applicable, the requirements of Chapter 4752. of the Revised Code.