



Ohio Administrative Code

Rule 3701-19-22.1 Admission of non-hospice palliative care patients to hospice inpatient facilities.

Effective: January 23, 2020

- (A) A hospice care program that operates an inpatient hospice facility or unit may admit non-hospice palliative care patients to the inpatient hospice facility or unit for medically necessary care on a short-term basis in accordance with section 3712.10 of the Revised Code.
- (B) A hospice care program that operates an inpatient hospice facility or unit that admits non-hospice palliative care patients shall admit patients, provide care and services, and discharge or transfer patients without discrimination on the basis of sex, age, race, creed, national origin, or handicap.
- (C) A hospice care program that operates an inpatient hospice facility or unit that admits non-hospice palliative care patients shall require that the non-hospice palliative care patient, or the patient's authorized representative, sign an informed consent form. This form shall include an acknowledgment by signature of the patient or patient's representative, that they have been given a full explanation of the palliative nature of the care they will receive while admitted to the facility or unit and have been informed that the patient may withdraw consent at any time.
- (D) A hospice care program that operates an inpatient hospice facility or unit that admits non-hospice palliative care patients shall permit a patient to withdraw consent for inpatient care at any time.
- (E) A hospice care program that operates an inpatient hospice facility or unit that admits non-hospice palliative care patients shall provide a patient or the patient's representative with information regarding the scope of services provided by the hospice inpatient facility or unit, including any limitations of services and charges for the services.
- (F) Each hospice care program that operates an inpatient hospice facility or unit that has admitted non-hospice palliative care patients under section 3712.10 of the Revised Code or intends to admit non-hospice palliative care patients under this Chapter, shall provide a written attestation in



accordance with paragraph (C)(8)(b) of rule 3701-19-03 of the Administrative Code by April 1, 2020.

(G) Each hospice care program that operates an inpatient hospice facility or unit that admits non-hospice palliative care patients in accordance with section 3712.10 of the Revised Code and this chapter, shall ensure:

(1) The director has access to all facilities, services, and records for non-hospice palliative care patients for the purpose of inspections conducted pursuant to rule 3701-19-05 of the Administrative Code; and

(2) All non-hospice palliative care patients and their families or caregivers are included in the quality assurance and performance improvement requirements set forth in paragraphs (D), (E), and (F) of rule 3701-19-06 of the Administrative Code.

(a) The records associated with the quality assurance and performance improvement program for non-hospice palliative care patients and their families or caregivers may be maintained and reviewed separate from the hospice care program quality assessment and performance improvement program; and

(b) Beginning January 30, 2021, a report of the findings of the quality assessment and performance improvement program review required by this paragraph and the actions taken by the hospice care program to correct identified problems, shall be submitted to the department of health in a manner prescribed by the director.

(H) In addition to the notification requirements set forth in paragraph (D) of rule 3701-19-07 of the Administrative Code, a hospice care program that operates a hospice inpatient facility or unit that admits non-hospice palliative care patients shall notify the director, in writing, of any intent to cease the admission of non-hospice palliative care patients within thirty days of the discontinuation of the service.

(I) In addition to the orientation and training requirements set forth in rules 3701-19-09 and 3701-19-13 of the Administrative Code, all hospice care program personnel and volunteers that provide



care to non-hospice palliative care patients in a hospice care program inpatient facility or unit shall be provided additional training in:

- (1) The philosophy of palliative care;
- (2) The goals of palliative care; and
- (3) Physiological and psychosocial issues associated with palliative care.

(J) In addition to the duties prescribed to the medical director of a hospice care program in rule 3701-19-10 of the Administrative Code, the hospice care program medical director, or the medical director's designee, for a hospice care program that admits non-hospice palliative care patients to the hospice's inpatient facility or unit shall:

- (1) Review all referrals for admission of a non-hospice palliative care patient;
- (2) Ensure that an assessment of the medical and psychosocial needs of the non-hospice palliative care patient is conducted to determine whether the patient's needs can be met by the hospice inpatient facility or unit. This assessment may include, but is not limited to, a review of the patient's medical records from the referring provider, a physical exam, assessment tools designed to determine the patient's psychosocial needs, or other tools the medical director deems appropriate; and
- (3) Document the determination as follows:
 - (a) If a determination is made to admit the non-hospice palliative care patient and the patient accepts, written documentation of the decision and the assessments conducted shall be included in the patient's clinical record for a period of no less than six years;
 - (b) If a determination is made to not admit the non-hospice palliative care patient, the following information shall be maintained in a manner that can be made available to the director upon request, for a period of no less than six years:
 - (i) Date of referral;



(ii) Diagnosis and reason for the referral;

(iii) The assessments conducted, if any; and

(iv) The reason the non-hospice palliative care patient was not admitted.

(K) Non-hospice palliative care patients admitted to a hospice care program inpatient facility or unit, shall have an interdisciplinary team or teams that provide or supervise the provision of care and services to non-hospice palliative care patients.

(1) The hospice care program shall designate an interdisciplinary team to be responsible for establishing the policies and procedures related to caring for non-hospice palliative care patients admitted to the hospice care program inpatient facility or unit. The team shall ensure that all policies and procedures are available and accessible to all hospice care program inpatient facility or unit personnel.

(2) A registered nurse shall be designated to coordinate each interdisciplinary team and ensure the following:

(a) A clinical record is created and maintained in accordance with rule 3701-19-23 of the Administrative Code for each non-hospice palliative care patient admitted to a hospice care program inpatient facility or unit;

(b) There is ongoing assessment of the non-hospice palliative care patient's and patient's family's needs;

(c) That all components of the plan of care are addressed by the interdisciplinary team; and

(d) The plan of care is implemented in accordance with its terms.

(3) Each interdisciplinary team shall perform the following functions:



- (a) Establish an interdisciplinary plan of care for each non-hospice palliative care patient and their family that is coordinated by one individual who shall ensure:
- (i) All components of the plan are addressed and implemented; and
 - (ii) The non-hospice palliative care patient and their family are encouraged to be actively involved in the development of the plan of care.
- (b) Review the interdisciplinary plan of care on a periodic basis, but no less frequently than every three days; and
- (c) Provide an ongoing evaluation of the palliative care and services provided to the non-hospice palliative care patient and their family.
- (4) As part of each non-hospice palliative care patient's interdisciplinary plan of care, the hospice care program inpatient facility or unit shall ensure:
- (a) That the medical components of care are provided under the direction of a physician or a physician's designee prior to providing care and services to the non-hospice palliative care patient;
 - (b) A list of services that will be provided by or arranged for by the hospice care program is provided to the non-hospice palliative care patient;
 - (c) Nursing care is available to the non-hospice palliative care patient twenty-four hours a day seven days a week in accordance with rule 3701-19-14 of the Administrative Code;
 - (d) The non-hospice palliative care patient's plan of care is reviewed by the patient's attending physician and by the interdisciplinary team; and
 - (e) That each non-hospice palliative care patient's attending physician, if any, is sent a copy of the patient's plan of care. The date that the copy of the plan of care was sent to the attending physician shall be documented in the patient's clinical record.



(L) All medical social services provided to non-hospice palliative care patients in a hospice care program inpatient facility or unit shall be provided in accordance with rule 3701-19-15 of the Administrative Code.

(M) All medical services provided to non-hospice palliative care patients in a hospice care program inpatient facility or unit shall be provided in accordance with rule 3701-19-17 of the Administrative Code.

(N) All counseling services provided to non-hospice palliative care patients in a hospice care program inpatient facility or unit shall be provided in accordance with paragraphs (A), (B) and (C) of rule 3701-19-18 of the Administrative Code. If indicated, the hospice care program may provide bereavement counseling for the non-hospice palliative care patient and the patient's family

(O) All necessary physical therapy, occupational therapy, and speech therapy services provided to non-hospice palliative care patients in a hospice care program inpatient facility or unit shall be provided in accordance with rule 3701-19-19 of the Administrative Code.

(P) Each hospice care program shall arrange for provision of medical supplies, appliances, drugs, and biologicals to all non-hospice palliative care patients as needed for the palliation and management of the patient's illness and related conditions. The program shall ensure that drugs and biologicals are available at all times. Each hospice care program shall ensure that drugs and biologicals are administered only by a registered nurse, a licensed practical nurse, a physician assistant, an advanced practice registered nurse, or a physician.