



Ohio Administrative Code

Rule 3701-19-47 Admission of patients to pediatric respite care.

Effective: February 19, 2024

(A) A pediatric respite care program won't admit any individual who does not meet the definition of a pediatric respite patient.

(B) A pediatric respite care program will 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 pediatric respite care program will require that the patient, or the patient's authorized representative, sign an informed consent form. This form will include an acknowledgment by signature of the patient or patient's representative, that they have been given a full explanation of the respite care program as it relates to the patient's life-threatening disease or condition and have been informed that the patient may withdraw consent at any time.

(D) A pediatric respite care program will permit a pediatric respite patient to withdraw consent for pediatric respite care at any time.

(E) A pediatric respite care program will provide a patient or the patient's representative with information regarding the scope of services provided by the pediatric respite care program, including any limitations of the pediatric respite care program and charges for the services.

(F) Prior to or upon admission of each patient, a pediatric respite care program will obtain an oral statement from the patient's attending physician, if any, and the medical director of the pediatric respite care program or the physician member of the interdisciplinary team certifying that the patient has a life-threatening disease or condition.

(1) The program will obtain written confirmation of the oral statement after admission within acceptable written standards of practice;



(2) The written certification statement will be signed by the patient's attending physician, if any, and the medical director of the pediatric respite care program or the physician member of the interdisciplinary team; and

(3) The program should obtain from each patient's attending physician, if any, designation of an alternate physician to contact for emergency care of the patient or review of the patient's plan of care when the attending physician is not available.