Ohio Department of Health

HOSPICE CARE PROGRAM
Initial License Application Instructions

General Information and Instructions

Chapter 3712. of the Revised Code (RC) and Chapter 3701-19 of the Ohio Administrative Code (OAC) require all hospice care programs to be licensed, and also set forth the conditions for licensure.

For timely processing, you should submit your application along with the fee and the required documents no more than six months (180 days) and no less than two months (60 days) before the projected opening date recorded on your application.

A check or money order, made payable to the Treasurer, State of Ohio in the amount of $600 must accompany your application.

Required Documents

If the application includes a request for an in-patient facility, rule 3701-19-08 of the Ohio Administrative Code requires the submission of the following documents with your "Hospice Care Program Licensure Application" and fee:

1. A copy of the Certificate of Occupancy Permit;
2. An 8 ½" x 11" schematic drawing (floor plan) of the facility that clearly shows patient rooms bathroom facilities;
3. A copy of a current State Fire Marshal Inspection report documenting the facility is in compliance with the state fire code; and
4. If the program provides hospice care and services in a hospice patient's home, a written attestation that the program has a written policy, as required by section 3712.062 of the Revised Code, establishing procedures for preventing the diversion of controlled substances containing opioids prescribed to its hospice patients.

If the hospice care program is requesting a waiver of the requirement for providing physical therapy, occupational therapy, or speech or language therapy services pursuant to rule 3701-19-19 of the Ohio Administrative Code, the application must include a written request for a waiver and documentation of:

- The number and location of all therapists in the area served by the program;
- The efforts that the program made to engage those therapists; and
- The efforts that the program made to encourage other therapists to serve the area.

Application Submission

Submit the completed application form, check or money order in the correct amount, and the required documents listed above to the following address:

Ohio Department of Health
Revenue Processing #2171
PO Box 15278
Columbus, Ohio 43215

If the application is incomplete or is not accompanied with the fee and required documents listed above, licensure approval may be delayed, your application may be returned to you or your application may be denied. Deposit of your fee does not mean that your application has been accepted and/or declared complete.

Medicare and/or Medicaid Participation

A hospice care program must be licensed before it can be certified to participate in the Medicare and/or Medicaid programs.

If you have any questions regarding your hospice care program licensure application, please e-mail the Licensure Program in the Bureau of Regulatory Operations, Ohio Department of Health at liccert@odh.ohio.gov or call (614) 466-7713.

Hospice Care Program Licensure Application

As defined in Chapter 3701-19 of the Ohio Administrative Code

Facility ID #

Please print legibly in ink or type

1. Application Type – Check one
   - ☐ New application
   - ☐ Renewal application
   - ☐ Change of ownership

2. Program name (DBA)			
3. Address			
4. City	5. Zip	6. County	7. Phone number
8. E-mail address			
9. Is in-patient care provided at this location? ☐ No ☐ Yes, provided by ☐ hospice program ☐ contract Facility type: ☐ hospital ☐ nursing home ☐ other			
10. Counties served:			

Mailing address, if different from above

11. Name		
12. Address		
13. City	14. State	15. Zip

16. Are there other hospice care programs under this licensure not located at the above address? ☐ No ☐ Yes If yes,

Name	Name
Address	Address
City, State, Zip	City, State, Zip
County	County
Is in-patient care provided at this location? ☐ No ☐ Yes, provided by ☐ hospice program ☐ contract Facility type: ☐ hospital ☐ nursing home ☐ other	Is in-patient care provided at this location? ☐ No ☐ Yes, provided by ☐ hospice program ☐ contract Facility type: ☐ hospital ☐ nursing home ☐ other

Ohio Department of Health – Licensure Program –Revenue Processing #3212 P.O. Box 15278, Columbus, Ohio 43215

Ownership

17.
☐ Individual ☐ Partnership
☐ Association ☐ Corporation
☐ Limited Liability Co. ☐ Other

18. Tax Status ☐ For profit ☐ Not for profit

19. Association/Affiliation
☐ None ☐ Hospital
☐ Nursing home ☐ Home health agency
☐ Other

20. Medicare Certified? ☐ No ☐ Yes, provider #

21. Names of persons having ownership or control interest in the business entity

Name	**Address**	**City / State / Zip**

22. Business entity name (legal name as registered with the Secretary of State)

Address

City	State	Zip	Charter/registration #

23. Corporate Officers/Partners/ LLC Members

Name / Title	**Address**	**City / State / Zip**	**Telephone #**

24. Statutory agent name

Address

City	State	Zip	Phone number

25. How does your hospice program provide/intend to provide the following services?

Categories	Direct	Contract	Contractor's Name, Address, Phone Number
24-hour nursing services	☐	☐	
Physician services	☐	☐	
Medical supplies: drugs, biologicals & appliances	☐	☐	
Medical social services	☐	☐	
Physical therapy	☐	☐	
Occupational therapy	☐	☐	
Speech/language therapy	☐	☐	
Volunteer services	☐	☐	
Bereavement	☐	☐	
Counseling	☐	☐	
Short-term inpatient care palliative & respite	☐	☐	
Home health aide services	☐	☐	

Attestation

☐ By checking this box, I attest that the hospice care program has a written policy establishing procedures to be followed in preventing the diversion of controlled substances containing opioids that are prescribed to its hospice patients and this written policy is in compliance with Section 3712.062 of the Ohio Revised Code.

Affidavit

By signing below, I certify that to the best of my knowledge, the information provided in this application and the accompanying materials are true and accurate.

I acknowledge awareness of the provisions of the Ohio Revised Code which provide that any person who knowingly makes a false statement, or knowingly swears or affirms the truth of a false statement previously made, which the statement is made with purpose to secure the issuance by government agency of a license, is guilty of falsification, a misdemeanor of the first degree [Revised Code section 2921.13(A)(5) and (D).] A misdemeanor of the first degree is punishable by fine and/or imprisonment as provided in section 2929.21 of the Ohio Revised Code.

I also knowledge that pursuant to division (C) of section 3712.04 of the Revised Code, the Department may suspend or revoke a license if the licensee made any material misrepresentation in the application for the license.

If a representative of the applicant signs this affidavit, s/he must include documentation that s/he is the applicant's authorized representative.

Type/Print Applicant/Authorized Representative Name	Title
Signature	Date