

5101:3-56-01 **Hospice services: definitions.**

Hospice care is end-of-life care provided by health professionals and volunteers. Hospice care is an approach to caring for terminally ill consumers that stresses palliative care, relief of pain and uncomfortable symptoms, as opposed to curative care. Hospice care incorporates an interdisciplinary team approach to meet the consumer's physical, psychological, social, and spiritual needs, as well as the psychosocial needs of the consumer's family.

Paragraphs (A) to (GG) of this rule define terms used in the rules governing the medicaid hospice program as contained in Chapter 5101:3-56 of the Administrative Code.

(A) "Advance directive" means a written instruction, such as a living will, a declaration, as defined in Chapter 2133. of the Revised Code, or a durable power of attorney for health care, as defined in Chapter 1337. of the Revised Code, which is recognized under state law and relates to the provisions of health care when the individual is incapacitated.

(B) "Advance practice nurse" means a registered nurse authorized to practice as a certified nurse specialist, certified registered nurse anesthetist, certified nurse midwife or certified nurse practitioner in accordance with section 4723.43 of the Revised Code.

(C) "Attending provider" is:

(1) A doctor of medicine or osteopathy legally authorized to practice medicine and surgery as authorized under Chapter 4731. of the Revised Code in which he or she performs that function or action. This provider is identified by the consumer or the representative, at the time he or she elects the hospice benefit, as having the most significant role in the determination and delivery of the consumer's medical care; or

(2) An advanced practice nurse who meets the training, education, and experience requirements in accordance with section 4723.43 of the Revised Code. Advanced practice nurses are prohibited from certifying or recertifying a terminal diagnosis. This provider is identified by the consumer or the representative, at the time he or she elects the hospice benefit, as having the most significant role in the determination and delivery of the consumer's medical care.

(D) "Bereavement counseling" means counseling services provided to the consumer's family or caregivers after the consumer's death.

(E) "Core hospice services" are nursing care, medical social services, counseling services, and physician services that must routinely be provided directly by the employees of the hospice.

(F) "Dietary counseling" means intervention and education regarding appropriate

nutritional intake that is provided to the consumer and/or the consumer's family by a qualified professional including, but not limited to, a registered nurse, a dietitian and/or a physician.

- (G) "Dietitian" means a person licensed to practice dietetics who meets the criteria set forth in Chapter 4759. of the Revised Code.
- (H) "Election period" is a period for which the consumer may elect the hospice benefit. The election period is subject to the conditions set forth in this chapter and are listed below in sequential order:
- (1) An initial ninety-day period (limited to one during the consumer's lifetime).
 - (2) A second subsequent ninety-day period (limited to one during the consumer's lifetime).
 - (3) An unlimited number of subsequent sixty-day periods.
- (I) "Home and community based services (HCBS) waivers" are operated in accordance with Section 1915 (c) of the Social Security Act (the Act). The HCBS waiver programs include those waivers operated by the Ohio department of job and family services (ODJFS), the Ohio department of aging (ODA), and the Ohio department of mental retardation and developmental disabilities (ODMRDD).
- (J) "Home health aide" means a person who meets the training, aptitude and skill requirements to provide home care services for the hospice consumer and his or her family in accordance with rule 3701-19-16 of the Administrative Code.
- (K) "Hospice" is a public agency or private organization or a subdivision of either that is primarily engaged in providing care to terminally ill consumers.
- (L) "Interdisciplinary group (IDG)" is composed of individuals who provide or supervise the care and the services offered by the hospice. The group must include a physician, a registered nurse, a social worker, and a spiritual or another counselor who are employees of the hospice in accordance with the federal program.
- (M) "Intermediate care facility for the mentally retarded" (ICF-MR) means an intermediate care facility for the mentally retarded certified as in compliance with applicable standards for the medical assistance program by the director of health in accordance with Title XIX of the Social Security Act.
- (N) "Inpatient facility" means a facility that either is operated by or under contract with a hospice for the purpose of providing inpatient care to the consumer.
- (O) "Licensed occupational therapist" means a person holding a valid license under Chapter 4755. of the Revised Code as an occupational therapist.

- (P) "Licensed occupational therapy assistant" means a person holding a valid license under Chapter 4755. of the Revised Code as an occupational therapy assistant (OTA).
- (Q) "Licensed physical therapist" means a person holding a valid license under Chapter 4755. of the Revised Code as a physical therapist.
- (R) "Licensed physical therapy assistant" means a person holding a valid license under Chapter 4755. of the Revised Code as a physical therapist assistant (PTA).
- (S) "Licensed speech-language pathologist" means a person holding a valid license under Chapter 4753. of the Revised Code as a speech-language pathologist and who is eligible for or meets the educational requirements for a certificate of clinical competence in speech language pathology granted by the "American Speech-Language-Hearing Association."
- (T) "Licensed speech-language pathology aide" means a person holding a valid license under Chapter 4753. of the Revised Code as a speech-language pathology aide.
- (U) "Medical director" must be a hospice employee or contracted employee who is a doctor of medicine or osteopathy who assumes overall responsibility for the medical component of the hospice's patient care program.
- (V) "Medicare" is the federally financed medical assistance program determined under Title XVIII of the Social Security Act
- (W) "Non-core hospice services" are hospice services that are the responsibility of the hospice to ensure are provided directly to the consumer by hospice employees or under a contractual arrangement made by the hospice.
- (X) "Nursing facility" (NF) means a facility, or a distinct part of a facility, that is certified as a nursing facility by the director of health in accordance with Title XIX of the Social Security Act, and is not an intermediate care facility for the mentally retarded (ICF-MR). "Nursing facility" includes a facility, or a distinct part of a facility, that is certified as a nursing facility by the director of health in accordance with Title XIX of the Social Security Act, and is certified as a skilled nursing facility by the director in accordance with Title XIX of the Social Security Act.
- (Y) "Nursing services" are services that require the skills of a registered nurse, or a licensed practical nurse under the supervision of a registered nurse. Services provided by an advanced practice nurse who is not the patient's attending provider or are not provided by a physician in the absence of an advanced practice nurse are included under nursing services.
- (Z) "ODJFS" means Ohio department of job and family services.

- (AA) "Palliative care" seeks to prevent or relieve the symptoms produced by a life-threatening medical condition or its treatment, to help patients with such conditions and their families lives as normally as possible, and to provide them with timely and accurate information and support in decision making.
- (BB) "Physician" means a person who is authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.
- (CC) "Physician services" means services provided by a person as defined in rules 5101:3-4-01 to 5101:3-4-05 of the Administrative Code.
- (DD) "Registered nurse" means a person licensed to practice nursing as a registered nurse who meets the criteria set forth in Chapter 4723. of the Revised Code.
- (EE) "Representative" means an adult, eighteen years or older, who has been authorized under Ohio law to terminate medical care or to elect or revoke the election of the hospice benefit on behalf of a terminally ill consumer who is mentally or physically incapacitated, or at the request of the terminally ill consumer. Documentation of the authorization must be maintained in the consumer's hospice record.
- (FF) "Social worker" means a person registered under Chapter 4757. of the Revised Code to practice as a social worker or independent social worker.
- (GG) "Terminally ill" means that a physician has certified that the consumer has a medical prognosis that his or her life expectancy is six months or less if the illness runs its normal course.

Replaces: 5101:3-56-01, 5101:3-56-04.1

Effective:

R.C. 119.032 review dates:

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 5111.02
Rule Amplifies: 5111.01, 5111.02, 5111.021
Prior Effective Dates: 4/16/90, 12/1/91, 4/1/94, 9/26/02, 2/16/04