

## TO BE RESCINDED

5101:3-56-01      **Medicaid hospice program definitions.**

The medicaid hospice program is an optional benefit available to individuals who are terminally ill as defined in this rule. Hospice care incorporates an interdisciplinary team approach that emphasizes supportive/palliative services rather than active or curative care. The goal of the hospice program is to meet the physical, psychological, social, and spiritual needs of the individual and the individual's family during the final stages of illness, dying and bereavement.

The following alphabetical list defines the acronyms and words which are 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 or healthcare power of attorney for health care, recognized under Chapter 2133. of the Revised Code, relating to the provision of health care when the individual is incapacitated; or a do not resuscitate order.
- (B) "Attending physician" means the physician who:
- (1) Is a doctor of medicine or osteopathy; and
  - (2) Is identified by the individual 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 individual's medical care.
- (C) "Benefit period" means the number of days that hospice care is provided under medicaid. Subject to conditions set forth in this rule, an individual may elect to receive hospice care during one or more of the following benefit periods in the sequential order in which they are listed:
- (1) An initial ninety-day period (limited to one during an individual's lifetime),
  - (2) A second subsequent ninety-day period (limited to one during an individual's lifetime).
  - (3) An unlimited number of subsequent sixty-day periods.
- (D) "Bereavement counseling" means counseling services provided to the individual's family or caregivers after the individual's death.

- (E) "CDJFS" means a county department of job and family services.
- (F) "CFR" means code of federal regulations, a codification of the general and permanent rules published in the federal register by the executive departments and agencies of the federal government.
- (G) "CMS" means the centers for medicare and medicaid services, a federal agency that is part of the U.S. department of health and human services.
- (H) "Covered hospice services" or "hospice services" are the services identified in paragraphs (A)(2) and (A)(3) of rule 5101:3-56-05 of the Administrative Code, that are specified in the individual's plan of care (POC) and meet the criteria for coverage set forth in Chapter 5101:3-56 of the Administrative Code.
- (I) "CRIS-E" means client registration information system enhanced, a computer system which stores information on consumers receiving services through ODJFS.
- (J) "Dietary counseling" means interventions and education regarding appropriate nutritional intake that is provided to the individual and/or the individual's family by a qualified professional including, but not limited to, a registered nurse, a dietitian and or physician.
- (K) "Dietitian" means a person licensed to practice dietetics who meets the criteria set forth in Chapter 4759. of the Revised Code.
- (L) "Home health aide" means a person who meets the training, attitude and skill requirements to provide home care services for hospice beneficiaries and their families in accordance with rule 3701-19-16 of the Administrative Code.
- (M) "Hospice" means a public agency or private organization or subdivision of either of these that is licensed under Ohio law in accordance with Chapter 3712. of the Revised Code that is primarily engaged in providing care to terminally ill individuals. A hospice must meet the medicare guidelines as set forth in 42 CFR 418, October 1, 2001, and must have a signed medicaid provider agreement with ODJFS as a medicaid hospice program provider.
- (N) "Individual", for purposes of this chapter, means a person who is medicaid eligible and has elected to receive the hospice benefit.
- (O) "MMIS" means the medicaid management information system, a computer system which stores eligibility and reimbursement information on consumers and providers

as related to ODJFS.

- (P) "NF" means a medicaid certified nursing facility that provides services as defined in 42 CFR 440.40, October 1, 2001, and 42 CFR 440.150, October 1, 2001.
- (Q) "ODJFS" means Ohio department of job and family services.
- (R) "Palliative care" means treatment directed at controlling pain, relieving other symptoms, and focusing on the special needs of an individual and the individual's family as they experience the stress of the dying process rather than treatment aimed at investigation and intervention for the purpose of cure or prolongation of life.
- (S) "Physician" means a person licensed to practice medicine and surgery or osteopathic medicine and surgery who meets the criteria set forth in Chapter 4731. of the Revised Code.
- (T) "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.
- (U) "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.
- (V) "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 individual who is mentally or physically incapacitated or at the request of the terminally ill individual. Documentation of the authorization must be maintained in the individual's hospice record.
- (W) "Terminally ill" means that the individual has a medical prognosis that his or her life expectancy is six months or less if the illness runs its normal course.

Effective:

R.C. 119.032 review dates: 11/29/2007

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Certification

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Date

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