**ACTION: REFILED** 

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

The medicaid hospice program is an optional benefit available to <u>elientsindividuals</u> 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 <u>elientindividual</u> and the <u>elient'sindividual's</u> 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) "Attending physician" means the physician identified by the client or the client's authorized representative as having the most significant role in the determination and delivery of health services to the client.
- (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.
- (B) "Authorized representative" means an adult eighteen years or older who is designated on the ODHS 7100 "Application for Income, Medical and Food Assistance" or the ODHS 7200 "Application for Cash, Medical, and Food Stamp Assistance" or the ODHS 3517 "Hospice Membership Notice" to act on behalf of the applicant or elient.
- (C) "Benefit period" means the number of days that hospice care is provided under medicaid. The initial benefit period shall be no greater than ninety days, followed by a subsequent ninety-day period, a subsequent thirty-day period, and a subsequent extension period of unlimited duration during the individual's lifetime. The benefit periods are available in the order listed and may be elected separately at different times. Subject to conditions set forth in this rule, an individual may elect to

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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 <u>client'sindividual's</u> family or caregivers after the <u>client'sindividual's</u> death.
- (E) "CDJFS" means a county department of job and family services.
- (E)(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.
- (F)(I) "CRIS-E" means client registration information system enhanced, a computer system which stores information on elientsconsumers receiving services through ODHSODJFS.
- (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.
- (G) "HCFA" means the health care financing administration, a federal agency which is part of the U.S. department of health and human services.
- (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.

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(H)(M) "Hospice agency" 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 agency must meet the medicare guidelines as set forth in 42 CFR 418, October 1, 2001, and must have a signed medicaid provider agreement with ODHSODJFS 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.
- (<u>H)(O)</u> "MMIS" means the medicaid management information system, a computer system which stores eligibility and reimbursement information on <u>elientsconsumers</u> and providers as related to <u>ODHSODJFS</u>.
- (J)(P) "NF" means a <u>medicaid certified</u> nursing facility that provides services as defined in 42 CFR 440.40, October 1, 2001, and 42 CFR 440.150, October 1, 2001.
- (K)(Q) "ODHS" "ODJFS" means Ohio department of humanjob and family services.
- (L)(R) "Palliative care" means any treatment that controls pain, manages symptoms, enhances comfort, and improves the quality of lifetreatment 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.
- (M)(T) "Physician services" means services provided by an individual 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.

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(N)(W) "Terminally ill" means that the individual has a medical prognosis has determined that a client's his or her life expectancy is six months or less if the illness runs its normal course.

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