

5160-56-01

**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~~ individuals that stresses palliative care as opposed to curative care. Hospice care incorporates an interdisciplinary team approach to meet the ~~consumer's~~ individual's physical, psychological, social, and spiritual needs, as well as the psychosocial needs of the ~~consumer's~~ individual's family.

Paragraphs (A) to ~~(GG)~~(HH) of this rule define terms used in the rules governing the medicaid hospice program as contained in Chapter ~~5101:3-56~~5160-56 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~~ Advanced practice registered nurse" means a registered nurse authorized to practice as a ~~certified~~clinical 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~~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 ~~consumer's~~ individual's medical care; or
  - (2) An advanced practice registered nurse who meets the training, education, and experience requirements in accordance with section 4723.43 of the Revised Code. Advanced practice registered nurses are prohibited from certifying or recertifying a terminal diagnosis. This provider is identified by the ~~consumer~~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 ~~consumer's~~ individual's medical care.
- (D) "Bereavement counseling" means counseling services provided to the ~~consumer's~~ individual's family or caregivers after the ~~consumer's~~ individual'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) "Counseling services" are services provided for the purpose of counseling or training the caregiver and helping the ~~beneficiary~~individual and the family members and/or caregiver with adjustment to the approaching death.
- (G) "Dietary counseling" means intervention and education regarding appropriate nutritional intake that is provided to the ~~consumer~~individual and/or the ~~consumer's~~individual's family by a qualified professional including, but not limited to, a registered nurse, a dietitian and/or a physician.
- (H) "Dietitian" means a person licensed to practice dietetics who meets the criteria set forth in Chapter 4759. of the Revised Code.
- (I) "Election period" is a period for which the ~~consumer~~individual is enrolled in the hospice benefit. The election period is subject to the conditions set forth ~~is in~~ this chapter and are listed below in sequential order:
- (1) An initial ninety-day period (limited to one during the ~~consumer's~~ individual's lifetime).
  - (2) A second subsequent ninety-day period (limited to one during the ~~consumer's~~ individual's lifetime).
  - (3) An unlimited number of subsequent sixty-day periods.
- (J) "Home and community based services (HCBS) waivers" are operated in accordance with Section 1915 (c) of the Social Security Act (the Act), 42 U.S.C. 1396n(c) (as in effect January 1, 2015). The HCBS waiver programs include those waivers operated by the Ohio department of ~~job and family services (ODJFS)~~medicaid (ODM), the Ohio department of aging (ODA), and the Ohio department of ~~mental retardation and developmental disabilities (ODMRDD)~~(DODD).
- (K) "Home health aide" means a person who meets the training, aptitude and skill requirements to provide home care services for the hospice ~~consumer~~individual and his or her family in accordance with rule 3701-19-16 of the Administrative Code.
- (L) "Hospice" is a public agency or private organization or a subdivision of either that is licensed in the state of Ohio and is primarily engaged in providing care to terminally ill ~~consumers~~ individuals.

- (M) "Interdisciplinary group (IDG)" is composed of ~~individuals~~persons 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 42 CFR 418.68 (November 1, 1983)~~ 42 C.F.R. 418.56 (October 1, 2014).
- (N) "Intermediate care facility for ~~the mentally retarded~~" ~~(ICF-MR)~~individuals with intellectual disabilities (ICF-IID) means an intermediate care facility for ~~the mentally retarded~~individuals with intellectual disabilities 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 (as in effect January 1, 2015).
- (O) "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~~individual.
- (P) "Licensed occupational therapist" means a person holding a valid license under Chapter 4755. of the Revised Code as an occupational therapist.
- (Q) "Licensed occupational therapy assistant" means a person holding a valid license under Chapter 4755. of the Revised Code as an occupational therapy assistant (OTA).
- (R) "Licensed physical therapist" means a person holding a valid license under Chapter 4755. of the Revised Code as a physical therapist.
- (S) "Licensed physical therapy assistant" means a person holding a valid license under Chapter 4755. of the Revised Code as a physical therapist assistant (PTA).
- (T) "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."
- (U) "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.
- (V) "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.

- (W) "Medicare" is the federally financed medical assistance program determined under Title XVIII of the Social Security Act (as in effect January 1, 2015).
- (X) "Non-core hospice services" are hospice services that are the responsibility of the hospice to ensure are provided directly to the ~~consumer~~individual by hospice employees or under a contractual arrangement made by the hospice.
- (Y) "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 (as in effect January 1, 2015), and is not an ~~intermediate care facility for the mentally retarded (ICF-MR)~~ICF-IID.
- (Z) "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 registered nurse who is not the patient's attending provider or are not provided by a physician in the absence of an advanced practice registered nurse are included under nursing services.
- (AA) "~~ODJFS~~SODM" means Ohio department of ~~job and family services~~medicaid.
- (BB) "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.
- (CC) "Physician" means a person who is authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.
- (DD) "Physician services" means services provided by a person as defined in ~~rules 5101:3-4-01 to 5101:3-4-05~~Chapter 5160-4 of the Administrative Code.
- (EE) "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.
- (FF) "Representative" means an adult, eighteen years or older, who has been authorized under Ohio law to make health care decisions on behalf of the ~~consumer~~individual who is mentally or physically incapacitated, or at the request of the terminally ill ~~consumer~~individual. These decisions may include the termination of medical care, the election of the hospice benefit, or the revocation of election of the hospice benefit on behalf of a terminally ill ~~consumer~~individual. Documentation of the authorization must be maintained in the ~~consumer's~~ individual's hospice record.

(GG) "Social worker" means a person registered under Chapter 4757. of the Revised Code to practice as a social worker or independent social worker.

(HH) "Terminally ill" means that a physician has certified that the ~~consumer~~individual has a medical prognosis that his or her life expectancy is six months or less if the illness runs its normal course.

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Certification

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