

What is Hospice?

Hospice provides a special kind of care that focuses on quality of life by providing comfort, dignity and support to patients and their loved ones. When a patient is facing a life-limiting illness, hospice care is provided by a specialized team who are experts in end-of-life care; including medical, emotional and spiritual needs.

Who is Eligible?

To access the Medicare Hospice Benefit a patient must be eligible for Medicare Part A. The patient must agree to “palliative, not curative” care. The patient’s attending physician may continue to bill Medicare Part B for their professional services.

The attending physician and the hospice medical director must certify that the patient has a prognosis of six months or less should the illness run its natural course. Once the patient is on hospice services, he or she will be evaluated on an ongoing basis by the hospice medical director to certify that the patient’s prognosis continues to be six months or less.

What Services are Provided?

Each hospice patient has a unique plan of care that addresses end-of-life needs, including the needs of the caregivers. Patients and families benefit from:

- Home visits by nurses, social workers, hospice aides, chaplains, physicians and volunteers as identified in the patients plan of care
- Medications, supplies and durable medical equipment related to the hospice diagnosis and identified in the plan of care
- Assistance with advance care planning
- Caregiver support and education
- Counseling, emotional and spiritual support
- Physical, occupational and speech therapies, if indicated for quality of life
- Bereavement care prior to and after death

How is Hospice Paid?

Medicare covers 100% of hospice services, with no out-of-pocket expenses to the patient or family. Medicaid and most private insurers also cover hospice services.

What are the Hospice

Levels of Care?

Patient’s symptoms may change, requiring different levels of hospice care:

Routine Care:

Day-to-day care is provided by caregivers and the patient with the support of the hospice team. Visits are made according to the care plan and are provided wherever the patient calls home, whether it is a private home, assisted living community or nursing home.

Respite Care:

When a caregiver needs short-term relief, a patient can be admitted to a contracted facility for up to five days, while still receiving routine visits from hospice team members.

Inpatient Care:

When a patient is experiencing acute symptoms which cannot be managed on the routine level of care, the patient can be admitted to a contracted hospital, facility or a hospice inpatient unit for a short time to manage these acute symptoms. Once the patient returns to a state of comfort, they return to the routine level of care.

Continuous Care:

When a patient is experiencing acute pain and symptoms which cannot be managed on the routine level of care, Continuous Care can be implemented for a short period of time if a patient chooses not to be moved to an inpatient setting. Continuous care is provided for a minimum of eight hours/ day and is primarily, although not exclusively, nursing care. Once the patient experiences a state of comfort, they return to the routine level of care.