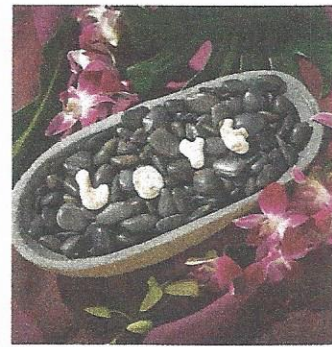
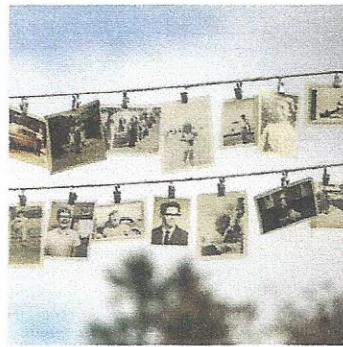


## Section I: Hospice Care



### WHAT IS HOSPICE?

Considered to be the model for quality and compassionate care for people facing a life-limiting illness, hospice care involves a team-oriented approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes. Support is also provided to the patient's loved ones. At the center of hospice and palliative care is the belief that each of us has the right to die pain-free and with dignity, and that our families will receive the necessary support to allow us to do so.



Hospice focuses on caring, not curing and in most cases care is provided in the patient's home. Hospice care may also be provided in freestanding hospice centers, hospitals, and nursing homes and other long-term care facilities. Hospice services are available to patients of any age, religion, race, or illness. Hospice care is covered by Medicare, Medicaid, most private insurance plans, HMOs, and other managed care organizations.





## COVERED SERVICES

MEDICARE DEFINES A SET OF CORE SERVICES, WHICH HOSPICES ARE REQUIRED TO PROVIDE TO EACH PERSON THEY SERVE, REGARDLESS OF THE PERSON'S INSURANCE. MEDICARE COVERS THESE HOSPICE SERVICES AND PAYS NEARLY ALL OF THEIR COSTS RELATED TO THE TERMINAL DIAGNOSIS AND RELATED CONDITIONS:

- > Physician care
- > Nursing care
- > Medical equipment (like wheelchairs or walkers)
- > Medical supplies (like bandages and catheters)
- > Drugs for symptom control and pain relief
- > Short-term care in the hospital, including respite and inpatient for pain and symptom management
- > Hospice aide and homemaker services
- > Physical and occupational therapy
- > Speech therapy
- > Social work services
- > Dietary counseling
- > Grief and bereavement support before and after the patient's death

You will only have to pay part of the cost for outpatient drugs and inpatient respite care. Under the hospice benefit, Medicare won't pay for treatment where the goal is to cure your illness. You should talk with your doctor if you are thinking about potential treatment to cure your illness. You always have the right to stop receiving hospice care at any time. When you stop hospice care, you will receive the Medicare coverage you had before electing hospice.

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## SERVICES NOT COVERED

SOME SERVICES THAT ARE NOT COVERED BY THE MEDICARE HOSPICE BENEFIT INCLUDE:

- > Treatment intended to cure your illness: you will receive comfort care to help manage symptoms related to your illness. Comfort care includes medications for symptom control and pain relief, physical care, counseling, and other hospice services.
- > Medications not directly related to your hospice diagnosis: hospice team members will consult with the hospice physician and will inform you and your family which drugs and/or medications are covered and which ones are not covered under the Medicare Hospice Benefit. The hospice uses medicine, equipment, and supplies to make you as comfortable as possible.
- > Care from another provider that is the same care that you are receiving from your hospice. All care that you receive for your terminal illness or related conditions must be provided by your hospice team. If you seek related care without approval from the hospice, you may be liable for the associated costs.
- > Nursing Home Room and Board: you may receive hospice services wherever you live, even in a nursing home; however, the Medicare Hospice Benefit does not pay for nursing home room and board.
- > Hourly care (private duty)

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## LEVELS OF CARE

THE MEDICARE HOSPICE BENEFIT COVERS FOUR LEVELS OF CARE, TWO OF WHICH ARE DELIVERED IN THE PATIENT'S PLACE OF RESIDENCE AND TWO IN AN INPATIENT SETTING.

THE FOUR LEVELS OF CARE ARE:

- > Routine Home Care, delivered in the patient's place of residence
- > Continuous Care, more than 8 hours per day of predominantly nursing care, delivered in the patient's place of residence
- > Inpatient Respite Care, provided to the patient so the usual caregiver can have a break
- > General Inpatient Care, requiring and delivered in an inpatient setting

These levels of care are also generally provided by Medicaid and most private insurance plans.

## HOW DOES HOSPICE CARE WORK?

Typically, a family member serves as the primary caregiver and, when appropriate, helps make decisions for the individual with a life-limiting illness. Members of the hospice staff and specially-trained hospice volunteers make regular visits to assess the patient/family and provide additional care or other services.

Hospice staff is on-call 24 hours a day, seven days a week.

ALONG WITH THE PATIENT AND FAMILY, THE HOSPICE TEAM DEVELOPS A CARE PLAN THAT MEETS THE PATIENT'S INDIVIDUAL NEEDS FOR PAIN MANAGEMENT AND SYMPTOM CONTROL. THE TEAM USUALLY CONSISTS OF:

- > The patient's personal physician
- > Hospice physician (or medical director)
- > Nurses
- > Hospice aides
- > Social workers
- > Spiritual Caregivers or other counselors
- > Trained volunteers
- > Speech, physical, and occupational therapists, if needed

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## WHAT SERVICES ARE PROVIDED?

AMONG ITS MAJOR RESPONSIBILITIES, THE HOSPICE TEAM:

- > manages the patient's pain and symptoms
- > assists the patient/family with the emotional, psychosocial and spiritual aspects of dying
- > provides needed drugs, medical supplies, and equipment
- > coaches the family on how to care for the patient
- > delivers special services like speech and physical therapy when needed
- > makes short-term inpatient care available when pain or symptoms become too difficult to manage at home, or the caregiver needs respite
- > provides bereavement care and counseling to surviving family and friends
- > provides additional support by specially-trained volunteers to patients, family members and caregivers



## FREQUENTLY ASKED QUESTIONS (FAQS)

### WHEN IS THE RIGHT TIME TO ASK ABOUT HOSPICE?

Now is the best time to learn more about hospice and ask questions about what to expect from hospice services. Although end-of-life care may be difficult to discuss, it is best for family members to share their wishes long before it becomes a concern. This can greatly reduce stress when the time for hospice is needed. By having these discussions in advance, patients/families are not forced into uncomfortable situations. Instead, patients can make an educated decision that includes the advice and input of family members and loved ones.

### HOW DOES HOSPICE CARE BEGIN?

Typically, hospice care starts as soon as a formal request or a 'referral' is made and the patient's physician concurs that the patient is eligible for hospice care. Often a hospice program representative will visit the patient within 48 hours of that referral, providing the visit meets the needs and schedule of the patient and family/primary caregiver. Usually, hospice care may begin within a day or two of the referral. However, in urgent situations, hospice services may begin sooner.

### HOW ARE VISITS SCHEDULED BY THE HOSPICE STAFF?

Every hospice patient has access to an interdisciplinary team consisting of a registered nurse, social worker, hospice aide, spiritual caregiver and volunteer. For each patient and family, with their input, the interdisciplinary team writes a care plan that is used to make sure the patient and family receive the care they want and need.

Visits by each team member are based on the patient and family needs as described in the care plan and the condition of the patient during the course of illness.

### IS HOSPICE AVAILABLE AFTER REGULAR BUSINESS HOURS?

Hospice care is available 'on-call' 24 hours a day seven days a week. Most hospices have nurses available to respond to a call for help within minutes, if necessary. Other staff is generally on call.

### WHAT DOES THE STAFF DO TO KEEP THE PATIENT COMFORTABLE?

Many patients may have pain and other serious symptoms as illness progresses. Hospice staff receives special training to care for all types of physical and emotional symptoms that cause pain, discomfort and distress. Because keeping the patient comfortable and pain-free is an important part of hospice care, many hospice programs have developed ways to measure how comfortable the patient is during the course of their stay in hospice. Hospice staff works with the patient's physician to make sure that medication, therapies, and procedures are designed to achieve the goals outlined in the patient's care plan. The care plan is reviewed frequently to make sure any changes and new goals are in the plan.

### WHAT ROLE DOES THE HOSPICE VOLUNTEER SERVE?

Hospice volunteers are generally available to provide different types of support to patients and their loved ones, including running errands, preparing light meals, staying with a patient to give family members a break, and lending emotional support and companionship to patients and family members.

Because hospice volunteers spend time in patients' and families' homes, each hospice program has an application and interview process to assure the person is right for this type of volunteer work. In addition, hospice programs have an organized training program for their patient care volunteers.

### CAN I BE CARED FOR BY HOSPICE IF I RESIDE IN A NURSING FACILITY OR OTHER TYPE OF LONG-TERM CARE FACILITY?

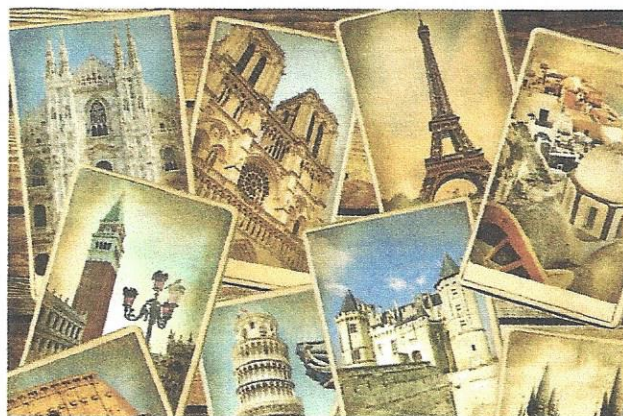
Services can be provided to a hospice patient wherever he/she lives. This means a patient living in a nursing facility or long-term care facility can receive specialized visits from members of the hospice team, in addition to other care and services provided by the nursing facility. The hospice and the nursing home have a written agreement in place in order for the hospice to serve residents of the facility.



### WHAT HAPPENS IF I CANNOT STAY AT HOME DUE TO MY INCREASING CARE NEEDS AND REQUIRE A DIFFERENT PLACE TO STAY DURING MY FINAL PHASE OF LIFE?

A growing number of hospice programs have their own hospice facilities or have arrangements with freestanding hospice houses, hospitals or inpatient residential centers to care for patients who cannot stay where they usually live. However, room and board care in these settings is not covered under the Medicare or Medicaid Hospice Benefit. It is best to find out if insurance or any other payer covers this type of care or if patients/families will be responsible for payment.

There are also voluntary accreditation organizations that evaluate hospice programs to protect consumers. These organizations survey hospices to see whether they are providing care that meets defined quality standards. These reviews consider the customary practices of the hospice, such as policies and procedures, medical records, personal records, evaluation studies, and in many cases also include visits to patients and families currently under care of that hospice program. A hospice program may volunteer to obtain accreditation from one of these organizations.



### DO STATE AND FEDERAL REVIEWERS INSPECT AND EVALUATE HOSPICES?

Yes. There are state licensure requirements that must be met by hospice programs in order for them to deliver care. In addition, hospices must comply with federal regulations in order to be approved for reimbursement under Medicare. Hospices must periodically undergo inspection to be sure they are meeting regulatory standards in order to maintain their license to operate and the certification that permits Medicare reimbursement.

### HOW CAN I BE SURE THAT QUALITY HOSPICE CARE IS PROVIDED?

Many hospices use tools to measure how well they are doing in relation to quality hospice standards. In addition, most programs use family satisfaction surveys to get feedback on the performance of their programs. To help hospice programs in making sure they give quality care and service, the National Hospice and Palliative Care Organization ([www.nhpc.org](http://www.nhpc.org)) has developed recommended standards entitled 'Standards of Practice for Hospice Programs' as one way of ensuring quality.





## MEDICARE HOSPICE BENEFIT

The Medicare Hospice Benefit is covered under Medicare Part A (hospital insurance). Medicare beneficiaries who choose hospice care receive a full scope of medical and support services for their life-limiting illness. Hospice care also supports the family and loved ones of the person.

Hospice offers a specially trained team of professionals and caregivers who provide care for the “whole person,” including his/her physical, emotional, social, and spiritual needs. Hospice care is generally provided in the home with the hospice team providing visits to the patient and family. The number of visits per week from the team depends on you and your family’s needs.

Sometimes a person’s health improves or their illness goes into remission. If that happens, your doctor may feel that you no longer need hospice care. Also, you always have the right to stop receiving hospice care, for any reason. If you stop your hospice care, you will receive the type of Medicare coverage that you had before electing hospice. If you are eligible, you can go back to hospice care at any time.

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### ELIGIBILITY

YOU ARE ELIGIBLE FOR MEDICARE HOSPICE BENEFITS WHEN YOU MEET ALL OF THE FOLLOWING CONDITIONS:

- You are eligible for Medicare Part A (Hospital Insurance), and
- Your doctor and the hospice medical director certify that you have a life-limiting illness and if the disease runs its normal course, death may be expected in six months or less, and
- You sign a statement choosing hospice care instead of routine Medicare covered benefits for your illness\*, and
- You receive care from a Medicare-approved hospice program.

*\*Medicare will still pay for covered benefits for any health needs that aren't related to your life-limiting illness.*



## VETERANS HOSPICE BENEFITS

Today, all enrolled Veterans are eligible for a comprehensive array of needed in-home services, which include hospice and palliative care.

All VA facilities have a Palliative Care Consult Team (PCCT) as a resource for hospice and palliative care provided in the VA facility and coordinated in the community. VA utilizes community hospice agencies to provide the majority of home hospice care for Veterans choosing to receive hospice care. In general, VA does not operate a home hospice service, and does not duplicate the services available through referral or through the purchase of home hospice care from community agencies.

VETERAN HOSPICE CARE IS PROVIDED TO A VETERAN MEETING ALL OF THE FOLLOWING CRITERIA; THE VETERAN MUST:

- > be diagnosed with a life-limiting illness
- > have treatment goals focused on comfort rather than cure
- > have a life expectancy, deemed by a VA physician, to be 6 months or less if the disease runs its normal course. NOTE: This is consistent with the prognosis component of the Medicare hospice criteria.
- > accept hospice care

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### ELIGIBILITY

Hospice and palliative care is a covered benefit for all enrolled Veterans as part of their Medical Benefits Package. VA offers to provide or purchase needed hospice and palliative care services for all enrolled Veterans, whether these services are needed in an inpatient setting or in the home.

A Veteran who is dually eligible for both VA care and Medicare may elect to have hospice services paid for under the Medicare Hospice Benefit. Veterans who choose Medicare retain their eligibility for VA care and benefits.

If the Veteran elects to receive hospice care through Medicare or another non-VA source, VA coordinates with the community hospice to ensure that the needed amount, duration and scope of services are delivered to the patient and family. The community hospice maintains clinical, financial and administrative responsibilities for all covered services and ensures that hospice staff meets regulatory qualification requirements.

If a Veteran is enrolled in the VA health care system and chooses VA to be the payer, then VA is responsible for purchasing or providing the needed hospice services. The Veteran's choice of payer applies even if the Veteran is eligible for hospice under Medicare or Medicaid.

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### DISCONTINUING HOSPICE

The Veteran's primary care doctor will have contact with the hospice team on a regular basis. If the Veteran's health improves, he or she may no longer meet the criteria for hospice or need hospice care. In this case, the Veteran can end the hospice care and start it again later as needed. A person can go back to hospice at any time by being re-certified by a doctor. Also, a person has the right to leave a hospice at any time for any reason. A person can also change to a different hospice if he or she is not happy with the care.