



A Guide to Hospice Care

Hospice is a Medicare benefit for end-of-life care for those who are terminally ill with a life expectancy of six months or less. Hospice care prioritizes comfort and quality of life by reducing the pain and suffering of the terminally ill patient while providing emotional and spiritual support for the patient and their loved ones who provide care.



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With today's medical advances and longer life spans, most people don't die suddenly. Rather, a slow, gradual decline is typical, says Lori Bishop, a former hospice nurse who's now vice president of palliative and advanced care with the National Hospice and Palliative Care Organization. To stay safe at home during that time, Bishop says, both the patient and their caregivers need some support and services.

Bishop says you should always contact your hospice team with specific questions, but this guide from Mutual of Omaha is a good starting point for understanding how hospice works.

Who's eligible?

Hospice is available for anyone with Medicare Part A (hospital insurance), Medicaid or most commercial insurance who meets the following conditions:

- Your hospice doctor and your regular doctor (if you have one) must certify that you're terminally ill (defined as being expected to live six months or less if the disease runs its natural course).
- You accept palliative care (care to provide comfort) instead of care to cure your illness.



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- You sign a statement choosing hospice care instead of other Medicare-covered treatments for your terminal illness and related conditions.

What hospice covers

Hospice typically covers 100 percent of costs for services related to the terminal illness and related conditions. That includes physical care, counseling, medications, equipment and supplies — just about everything from walkers and wheelchairs to ramps and lifts, as well as meal prep and meal supplement drinks.

What hospice does not cover

A common misconception is that hospice provides staff in the home 24/7, says Bishop. Sometimes families hire private-duty care to supplement the hospice care, but that is not always necessary, she says.

While hospice is an intermittent service, the team is on call 24/7 to offer support, including home visits, and will stay with you through a difficult time, says Bishop, who recalls an elderly woman she took care of in Iowa years ago. “She was very private and didn’t have a caregiver. I was on call the night she died and stayed with

her. Her goal was to die at home, and she achieved it.”

Hospice also *does not* cover:

- **Treatment intended to cure your terminal illness** and/or related conditions. You always have the option to stop hospice care at any time.
- **Prescription drugs that are not for your terminal illness** or related conditions.
- **Care from providers not set up through your hospice medical team.** You can change hospice teams, but cannot get care from more than one organization. You can still see your regular doctor, nurse practitioner or physician’s assistant if you’ve chosen them as your attending medical professional.
- **Room and board**, such as at an assisted living or nursing home. However, if the hospice team determines you need short-term inpatient or respite care services and arranges those services, Medicare will cover your stay in the facility. There may be a small copayment.
- **Hospital inpatient or outpatient care** (such as in an emergency room) as well as ambulance transportation, unless it’s either arranged by your hospice team or is related to your terminal illness and related conditions.





08.18.2020

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What if you can't be cared for at home?

Bishop says people often think hospice is a place. "Hospice cares for you in your home, which is wherever you call home," she says. If home is a nursing home or long-term care facility, patients can receive specialized visits from hospice nurses, home health aides, chaplains, social workers and volunteers in addition to other care and services provided by the facility.

A growing number of hospice programs do have their own hospice facility or have arrangements with nursing homes, hospitals or inpatient residential centers that care for people who cannot be cared for at home.

The cost to live in these settings is not covered by hospice and may not be fully covered by your insurance. You should find out if your insurance covers this type of care before calling hospice. If you are eligible for Medicaid, Medicaid will cover room and board charges.

The hospice team

Bishop calls hospice a "team sport" that treats the patient and family as a whole. "Our most important role is as patient advocate," she says.

Hospice teams make sure people know what to expect, from the disease process to what might happen and how to address it. Could there be a lot of bleeding? Have lots of dark towels on hand. Will there be difficulty breathing? "Some breathing difficulty can cause panic and some people might want an added level of care," Bishop says. "Hospice can plan for that."

The team includes the person and family receiving services. It's typically comprised of both the





08.18.2020

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patient's personal and hospice physician, specially trained nurses, social workers, aides, counselors, spiritual advisors and trained volunteers. The team develops a care plan specific to the individual and family, from pain management and symptom control to personal care (dressing, bathing, etc.) and counseling. The family is also supported by hospice, including 13 months of grief support after the person has died.

Who are hospice volunteers?

Hospice volunteers do everything from running errands and preparing light meals to staying with a person to give loved ones a break. Each hospice program has an application and interview process to ensure the volunteer is right for the work. They also have organized training programs that cover confidentiality, listening skills, and signs and symptoms of approaching death.

What if you are on Medicaid or have no insurance?

For those on Medicaid, which is managed by individual states, hospice is typically covered 100 percent, but recipients need to verify covered services with their state. Most hospice programs will provide service regardless of ability to pay, and most have a sliding fee scale for those without any insurance, says Bishop.

What if you are out of the country?

The Medicare hospice benefit is a United States benefit only. Other countries have palliative care services, but most do not pay for a comprehensive benefit like the U.S., says Bishop. In other countries, hospice and palliative care services are often funded primarily by philanthropy.



08.18.2020

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A few last tips for those who want to die at home

- Have conversations early and often with your loved ones as things change in your life, says Bishop.
- Talk to family as well as your physician about where you're at today. "Sometimes people say, 'I don't want to live if I have a colostomy, and then they have one and realize they can live with that,'" Bishop says. "The line is constantly moving in what you can live with and can't."
- Have a plan. Bishop says to shop for hospice services way before you need them. For example: Ask who they have contracts with in case you need inpatient care. Is it a skilled nursing facility or an actual hospital? Then you can make decisions with that knowledge.
- Because each situation is unique, Bishop suggests asking yourself questions: How do you want to live? What does a good death look like to you? What are you afraid of? [Learn how to start the conversation.](#)
- Get your wishes in writing. For more information on creating a living will (also known as an advance health care directive), as well as a durable power of attorney for health care, see [Two Documents You Should Have for End-of-Life Planning.](#)





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Additional resources from the National Hospice and Palliative Care Organization

[Advance care planning with information on advance directives and end-of-life wishes](#)

[Choosing a hospice and questions to ask](#)

[Advance directives, end-of-life decisions, and booklets “The Dying Process – A Guide for Family Caregivers” and “End-of-Life Caregiving”](#)

To find hospice services in your community, call the National Hospice and Palliative Care Organization’s help line at 800-658-8898 or use their [Find a Care Provider tool](#).

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