

Medicare and Hospice Overview

(The information below is from Medicare.gov)

What is hospice care?

Hospice provides care and support for people who are terminally ill. It includes a team of healthcare professionals who address the medical, physical, social, emotional, and spiritual needs of the patient. It also provides support to the patient's family or caregiver and is most often provided in the patient's home.

Where do I get hospice care?

Hospice provides care in your home unless you need care in an inpatient facility. If your hospice team determines that you need inpatient care, they'll make arrangements for you to receive hospice care in an inpatient facility.

How long can I get hospice care?

Hospice care is for people with a life expectancy of six months or less (if the illness runs its normal course). If you live longer than six months, you can still get hospice care, if the hospice medical director or other hospice doctor recertifies that you are terminally ill.

What does Medicare cover in hospice?

Original Medicare will cover everything you need related to your terminal illness. If you have a Medicare Advantage Plan (an HMO or PPO) and want to receive hospice care, ask your plan to help find a provider in your area. You always have the right to stop hospice care at any time.

Hospice Plan of Care

Depending on your terminal illness and related conditions, your hospice team will create a plan of care that can include any or all of these services:

- Doctor's services.
- Nursing and medical services.
- Durable medical equipment for pain relief and symptom management.
- Medical supplies, like bandages and catheters.
- Drugs for pain and symptom management.
- Aide and homemaker services.
- Physical therapy services.
- Occupational therapy services.
- Speech-language pathology services.
- Social services.
- Dietary counseling.
- Spiritual and grief counseling for you and your family.
- Short-term inpatient care for pain and symptom management.
- Inpatient respite care, which is care provided by a Medicare-approved facility (inpatient facility, hospital, or nursing home), so that your caregiver (family member or friend) can rest. Your hospice provider will arrange this for you. You can stay up to five days each time you get respite care. You can get respite care more than once, but only on an occasional basis.
- Any other Medicare-covered services needed to manage your pain and other symptoms related to your terminal illness and related conditions, as recommended by your hospice team.

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Where to find information about the Medicare Hospice benefit

Type **medicare.gov** in your computer browser. At the top of the page, click on “Providers and Services.” In the dropdown menu, click on “Find care Providers.” Scroll down to “Hospice care” and click on it. In the “My Location” box, enter your Zip Code and then click on the “Search” box. Hospice agencies in your area will be listed alphabetically. At the bottom of the page (right-hand side), click on the blue box, “Next steps for choosing a hospice agency” and follow the prompts. You can also put “hospice” in the search icon on the Medicare.gov home page for detailed information or call 1-800-633-4227.

How to compare the quality of care provided by hospice agencies

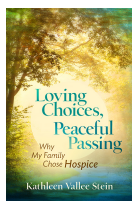
The national Family Caregiver Survey asks family members or friends about the patient’s hospice care and if they would recommend that hospice agency to someone else. It is on a 5-star scale, with more stars indicating better quality care. Categories include Communication with Family, Getting Timely Help, Treating the Patient with Respect, Emotional and Spiritual Support, Help for Pain and Symptoms, etc. Family Caregiver Surveys are also available for hospitals, nursing homes, and home health agencies. Not all providers include the survey results.

Advance Health Care Directives

An **Advance Health Care Directive** lets your physician, family, and friends know your health care preferences, including the types of special treatment you want or don’t want at the end of life, your desire for diagnostic testing, surgical procedures, etc. By considering your options early, your family won’t have to guess what your wishes are. They won’t have to make critical medical care decisions under stress and emotional turmoil. Get more information and download a form from the Office of the Attorney General’s website **oag.ca.gov**. Put “Advance Health Care Directives” in the search box.

Five Wishes is an advance directive that is written in everyday language and helps people express their wishes concerning the personal and spiritual in addition to the medical and legal ones. The document names the person you want to make health care decisions for you when you can’t make them for yourself, the kind of medical treatment you want (or don’t want), your wish for how comfortable you want to be, for how you want people to treat you, and what you want your loved ones to know. Get more information and download a form (for a small fee) at **fivewishes.org**.

Physician Order for Life-Sustaining Treatment (POLST) The POLST form serves as a medical order in addition to the advance directive. It is used when a patient is near the end of life or critically ill and understands the specific decisions that might need to be made on his behalf. Get more information at the National Institute on Aging at **nia.nih.gov** or talk to your doctor.



Bob Vallee passed peacefully from this life in his own home under the care of his daughter, author Kathleen Vallee Stein. After he died, she wrote *Loving Choices, Peaceful Passing: Why My Family Chose Hospice*. Ms. Stein is available to speak to groups about her family’s experience. She can be reached at **valleeview.com**.