Hospice Fact Sheet for Dietary and Therapies

What is hospice? The purpose of hospice is to provide quality, compassionate support and care for people facing a life-limiting illness and their families. Hospice care is founded on the belief that, even when cure is no longer possible and time is measured in months or weeks, there is still an opportunity for quality of life, comfort, dignity, and hope. The care is provided by a trained team of health professionals and volunteers in the setting of choice (home, long-term care facility, hospital) supporting the physical, emotional, spiritual, and social needs of the patient while supporting family members throughout this difficult time. Hospice reaffirms the right of every person and family to participate fully in the final stage of life. Hospice care is covered by Medicare, Medicaid, and most private insurance companies and is available to persons of any age, religion, or race.

Q: Can a person receiving hospice benefits, also receive therapies (physical, speech or occupational therapy)?
A: Yes, a resident may be evaluated and treated by a therapist under the direction of the hospice plan of care while receiving hospice benefits. The goal of therapy under the auspices of hospice care is to maintain a level of comfort and quality of life.

Q: How is payment made when a person is receiving therapies while under hospice care?
A: Therapies are paid for under the Medicare Hospice Benefit or the resident’s insurance when recommended under the hospice plan of care.

Q: What is the range of hospice benefits? What is covered? What is not covered?
A: Medicare, Medicaid, HMOs, and most private insurance companies provide a hospice benefit, which covers the services of the hospice, and durable medical equipment, medications, and supplies related to the resident’s terminal diagnosis. The hospice nurse can provide a more detailed list of supplies that are covered by hospice. Nursing home room and board may be an additional expense depending on the hospice level of care at the time of admission to hospice and the resident’s insurance coverage. Services also include physician, nursing, and personal care services; social work and spiritual counseling; volunteers; physical, occupational and speech therapies; complementary therapies (e.g., music, massage); on-call availability seven days a week, 24 hours a day; and up to 13 months of bereavement support to caregivers.

Q: Does hospice allow feeding tubes and IV hydration?
A: Yes, the resident’s individual goals and plan of care will be discussed between all parties in order to implement a comprehensive care plan that addresses feeding tubes and IV hydration.

Q: Is Total Parenteral Nutrition (TPN) covered by the hospice benefit?
A: No, TPN is considered a life-prolonging measure and is not covered under the hospice benefit.

Q: How long can someone be on hospice?
A: There is no limit to the amount of time someone can receive hospice care; however, usually, life expectancy is months, not years. The doctor and the hospice team continue to assess the resident and families’ needs and recertify hospice care for as long as is necessary.