**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: What are the basic guidelines for a nursing home resident to be admitted to hospice?**
**A:** A nursing home resident can be admitted to hospice when they have a life-limiting illness, such as cancer, CHF, COPD, dementia, and others with a prognosis of six months or less if the disease runs its normal course. The resident must no longer be skilled, as Medicare will pay for either skilled nursing or hospice care, not both at the same time.

**Q: What services does hospice provide to the nursing home resident?**
**A:** When a resident’s life is measured in months, not years, hospice can provide specialized services to the resident and his/her family during this difficult time. The hospice team works in conjunction with nursing home staff to enhance and augment the care you are providing by bringing a comfort-oriented, specialized, and holistic approach to care. The focus is to maximize the resident’s comfort, attend to physical, spiritual, practical and emotional needs while supporting their loved ones through the dying process. Services include physician, nursing, and personal care services; social work and spiritual counseling; volunteers; physical, occupational and speech therapies; coverage for medications and durable medical equipment related to the terminal diagnosis; complementary therapies; on-call availability seven days a week, 24 hours a day; and up to 13 months of bereavement support to caregivers.

**Q: Are there different levels of care available based on the changing needs of the resident?**
**A:** There are four levels of care under the Medicare Hospice Benefit: Routine, Respite, Continuous, and General Inpatient:
1. Routine – intermittent visits by the hospice team executing the individualized plan of care
2. Respite – placement of a hospice patient in a nursing home for up to six days to provide respite to caregivers
3. Continuous – used in a time of crisis for up to 72 hours
4. General Inpatient – used for imminent death or pain and symptom management

These different levels are used to meet the changing needs of a dying person and their caregivers.

**Q: What financial considerations, if any, should be considered by the resident and family when choosing hospice?**
**A:** Medicare, Medicaid, HMOs, and most private insurance companies provide a hospice benefit, which covers the services of the hospice, durable medical equipment, medications, and supplies related to the resident’s terminal diagnosis. 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.

**Q: Does the resident give up their Medicare Part A when hospice is elected?**
**A:** No, Medicare Part A remains intact. The Medicare Hospice Benefit (or hospice insurance) provides coverage for the care plan, which is related to the terminal illness that is identified at the time of admission to hospice. Any procedure or hospitalization that is unrelated to the terminal diagnosis is still covered under Medicare Part A.
Q: _What are the important components of a hospice contract?_
A: The following components are recommended elements of a hospice contract: a description of services to be furnished by the hospice; services to be furnished by the nursing home; joint responsibilities; financial responsibilities; contract term and billing terms; reimbursement rate, when appropriate; resident eligibility; and hospice services including resident, physician, and family bereavement, drugs and pharmaceuticals, medical equipment and supplies, therapies, and anything else related to the plan of care.

Q: _Why would I recommend hospice to a resident or family?_
A: Just as you would go to a medical specialist for specialized treatment, hospice is the specialist when a person’s life is measured in months. Everyone is entitled to choose the kind of care that is desired at the end of life. Hospice care is an option. Hospice can provide additional support services to the resident, their caregivers, and your staff through active comfort caring. There may be financial benefits as well. In addition, families can access often needed bereavement support through hospice when they are no longer coming to the nursing home. Hospice becomes an extension of your care delivery team to optimize a resident’s and family’s end-of-life experience.