

Generally, there are three different levels of care covered by insurance which includes Medicare, Medicaid and most private insurance in the home setting.

Traditional hospice, home health services, and palliative care.

All home care assumes the primary caregiver is a family member or friend, not the nurse or other healthcare worker who visits the home. Private duty nursing is not generally covered by insurance and is paid out-of-pocket or in cases covered by long term care insurance.

What's the Difference?

Hospice is for patients with a limited life expectancy, who are no longer receiving curative treatments for any terminal illness.

Home health care services are available for patients who have rehabilitation potential and who can actively participate in therapy. Home health may help patients get better from an illness or injury.

Palliative care is a form of home health care in which patients face chronic or quality of life-limiting illnesses and focuses on the relief of symptoms, pain, and stress. Patients may receive curative treatments.



Duration of Services

Hospice care services: These services are determined by the hospice physician in conjunction with the hospice care team. Patients who remain hospice eligible will continue to receive hospice care until their death; families will receive bereavement care for 13 months following the death of their loved one.

Home health care services: These services are to support patients while they are dependent on help to complete their daily life activities. The duration of services is based on the goals of care.

Palliative care services: Patients may continue to receive aggressive and curative treatments like chemotherapy, radiation, dialysis and surgery while also receiving palliative care, as determined by the palliative care physician.

Patients always have the option to revoke the hospice benefit at any time. At times, patients may be discharged from hospice services if they are found to be no longer eligible for services or if they move outside of the service area. Patients may also be discharged from hospice services for cause according to hospice policy.



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Understanding HOSPICE

Side-by-Side Comparison

	HOSPICE	HOME HEALTH	PALLIATIVE CARE
Main Contact	Registered nurse	Registered nurse or physical therapist	Nurse practitioner, and/or registered nurse, physician
Insurance	Hospice Benefit	Insurance dependent	Insurance dependent
Home Health CNA/Aide	Available as part of Hospice Team	If ordered by physician	If ordered by physician
Social Worker	Available as part of Hospice Team	If ordered by physician	Often a member of palliative care team
Chaplain	Available as part of Hospice Team	Not available	Often a member of palliative care team
Volunteers (patient/caregiver companionship, errands, reader)	Available as part of Hospice Team	Not available	Not generally available
Comfort Medications	Part of Hospice Benefit	Insurance dependent	Insurance dependent
Medical Equipment	Part of Hospice Benefit	Insurance dependent w/ copay	Insurance dependent w/ copay
24-Hour Care	Must meet certain medical/symptom criteria as defined by CMS	Private Pay	Private Pay
Location of Care	Home, assisted living, nursing home with private pay/insurance	Home, assisted living, nursing home with private pay/insurance	Home, assisted living, nursing home with private pay/insurance
Bereavement	Part of Hospice Benefit	Not available	Program specific



Levels of Hospice

Routine Care

Routine care is the most common level of hospice care and most patients start on this level of care. Routine care is provided in the patient's place of residence - a private home, an assisted living community, skilled nursing facility, etc. Under routine care, the patient receives regular visits from the members of your care team, based upon their specific needs.

Generally, hospice staff will visit anywhere between two to seven times per week, according to the patient's care plan. As the hospice patient's condition changes, team members adjust their visits to accommodate these changes and ensure optimal care.

Respite Care

Respite care is provided to patients for the purpose of allowing family members and caregivers a short (five-day) break from the duties of care-giving. During respite care, patients are transferred to a contracted skilled nursing facility that will manage the care of the patients in conjunction with the hospice. Respite care may be provided more than once on an occasional basis.

Continuous Care

Continuous care is the highest level of hospice care that a patient can receive in a home or residential care facility. Continuous care is provided during periods of crisis in which a patient is experiencing symptoms that are unmanageable by routine care. Such symptoms will require continuous nursing intervention (up to 24 hours per day) to achieve palliation and comfort. During continuous care, the care team (predominately nursing care) will remain bedside with the patient at least 8 hours within a 24 hour period, until symptoms are managed and comfort is ensured.

General Inpatient Care

General Inpatient Care (or GIP) care takes place if a patient experiences acute symptoms that cannot be safely managed in their home or another residential setting. GIP care is provided in a skilled nursing facility or a hospice inpatient unit where there is a Registered Nurse available 24 hours per day to manage these symptoms. Once symptoms are under control, the patient will return to their home usually under the routine level of care.

