

HOSPICE

Mavis Connolly

**Health Care Financing
Administration**

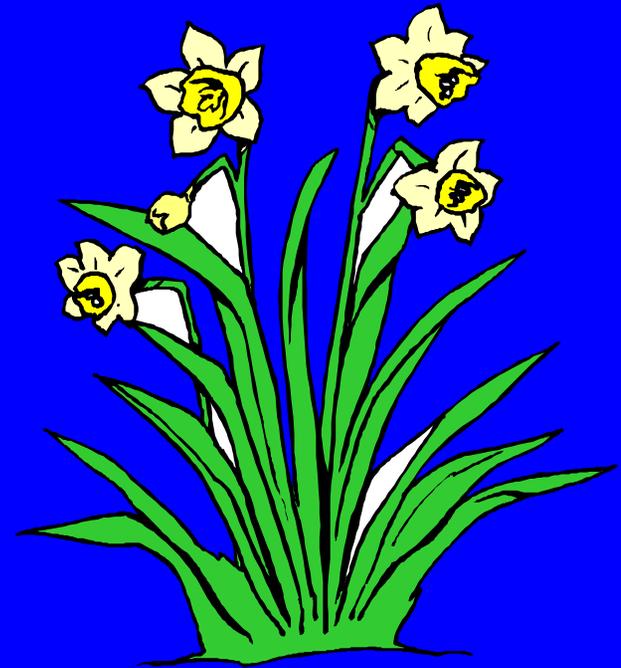


HISTORY OF HOSPICE BENEFIT

- **1982 -TEFRA**
- **1983 - Medicare benefit**
- **1985 - Permanent part of Medicare**
- **1986 - Optional Medicaid benefit**

PURPOSE

- **Informed choice**
- **Palliative care**



CARE OPTIONS

REASONABLE AND NECESSARY FOR:

➔ **Diagnosis or treatment of illness or injury**

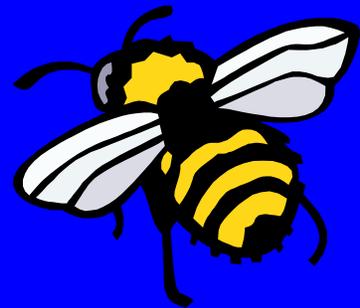
VS.

➔ **Palliation and management of a terminal condition**

ELIGIBILITY

BENEFICIARY MUST BE:

- Entitled to Medicare Part A
- Certified as terminally ill
 - Life expectancy of 6 months or less if the illness runs its normal course



DURATION

- **Originally was for 210 days**
- **Now for 2 initial 90 day periods**
- **AND unlimited number of 60 day periods**
 - **Physician must certify at the beginning of each period that the individual has a life expectancy of 6 months or less if the illness runs its normal course**

COMFORT VS. CURE - A DIFFERENT KIND OF PROFESSIONAL

SPECIALLY TRAINED TO:

- Focus on management and palliation of terminal illness
- NOT curative medical care



Unit of Care

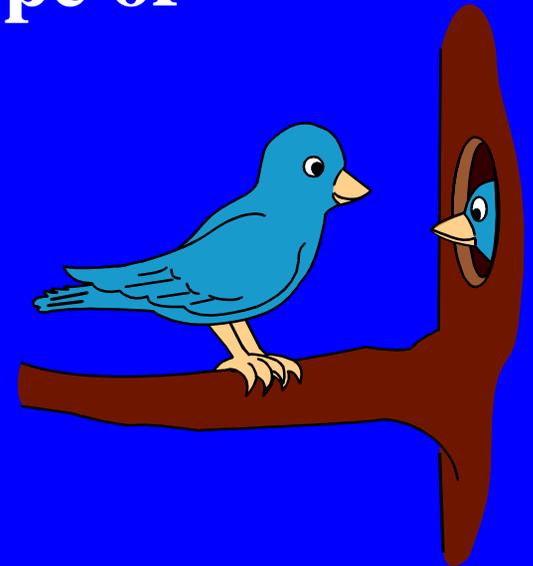
Patient and Family

Focus is on caring vs. curing

PROVIDERS

PROVIDERS MUST BE:

- **Primarily engaged in Hospice care**
- **Not just a facet of another type of medical business**



CORE SERVICES

- **Nursing care**
- **Medical social services**
- **Physician's services**
- **Counseling, including**
 - **Bereavement counseling - for patient's family**



OTHER SERVICES

- **PT, OT, SLP**
- **Home health aide**
- **Homemaker Services**
- **DME**
- **Short term inpatient care**
- **Volunteers**



AVAILABILITY OF SERVICES

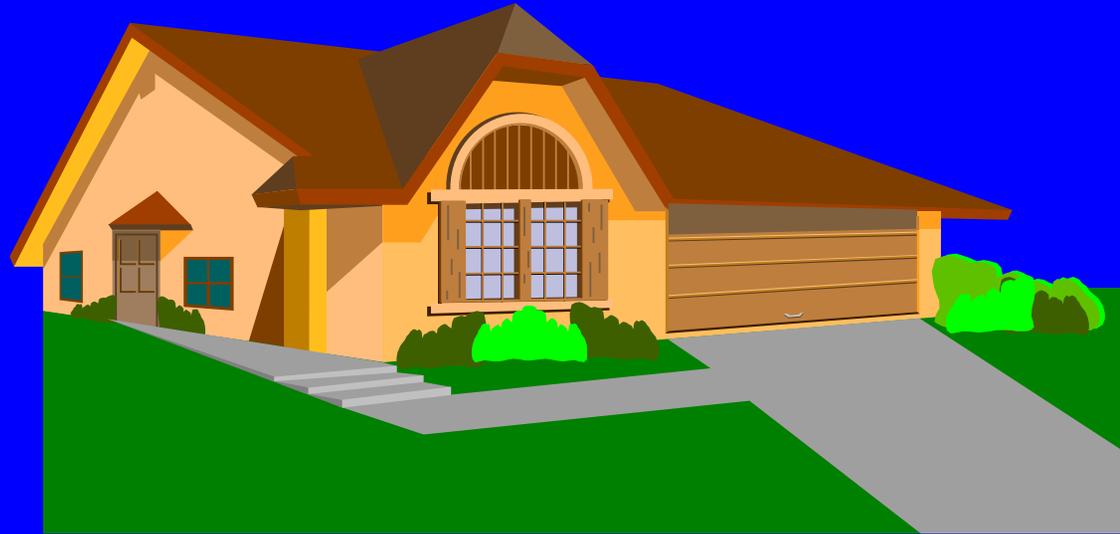
- **24 HOURS A DAY - ROUTINELY**
 - RN, MD, drugs, biologicals
- **24 HOURS A DAY - as needed**
 - all other services needed for palliation and management of terminal illness

INTERDISCIPLINARY GROUP

- RN
- MD
- SW
- COUNSELOR



LOCATION OF CARE



- **Patient's home**
- **Inpatient for respite care and short term hospitalization**
 - only when necessary
- **No more than a 20%**

DISCHARGE

- **No provision to discharge**
- **Only allowed in rare circumstances**
 - not eligible, moves, revokes, safety concerns



HOSPICE CARE IN THE NURSING HOME

- Hospice and the NH Must work together
- Must coordinate the services and plan of care



HOSPICE CARE IN THE NURSING HOME --

RESPONSIBILITIES OF HOSPICE

- **Assume professional management of the individual's hospice care;**
- **Make any necessary inpatient care arrangements;**
- **Provide hospice services**



NH REQUIREMENTS

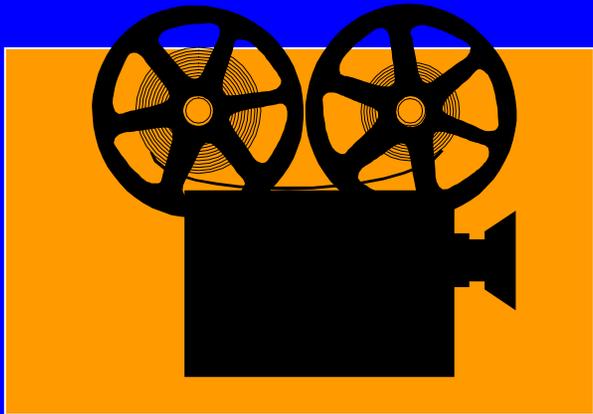
- **Must assess resident**
- **Must coordinate the PoC with hospice**
- **Must follow the PoC**
- **Must meet all NH requirements**



NH SERVICES

NH Providers must:

- **Offer same services to its residents who have elected hospice as it furnishes to its residents who have not elected hospice**



PLAN OF CARE

- Hospice retains professional management responsibility.
- Hospice and NH must communicate when changes are needed to the PoC.



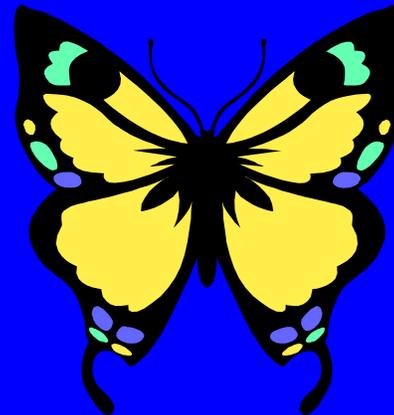
PLAN OF CARE

The coordinated Plan of Care must:

- reflect the hospice philosophy;**
- reflect individual's medical, physical, psychosocial and spiritual needs;**
- identify who is going to provide what**
- include directives for managing pain and discomfort.**

THE COORDINATED PLAN OF CARE MUST

- be revised and updated as necessary;
- be implemented according to accepted professional standards of practice; and
- reflect participation of the hospice, NH, and patient.



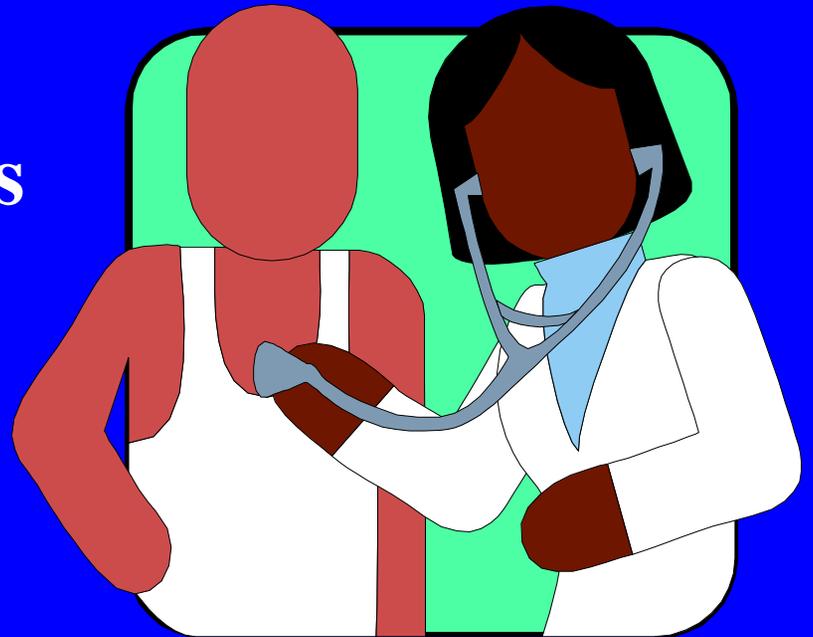
HOSPICE CORE SERVICES MUST BE PROVIDED IN THE NH

Physician Services

Medical Social Services

Counseling Services

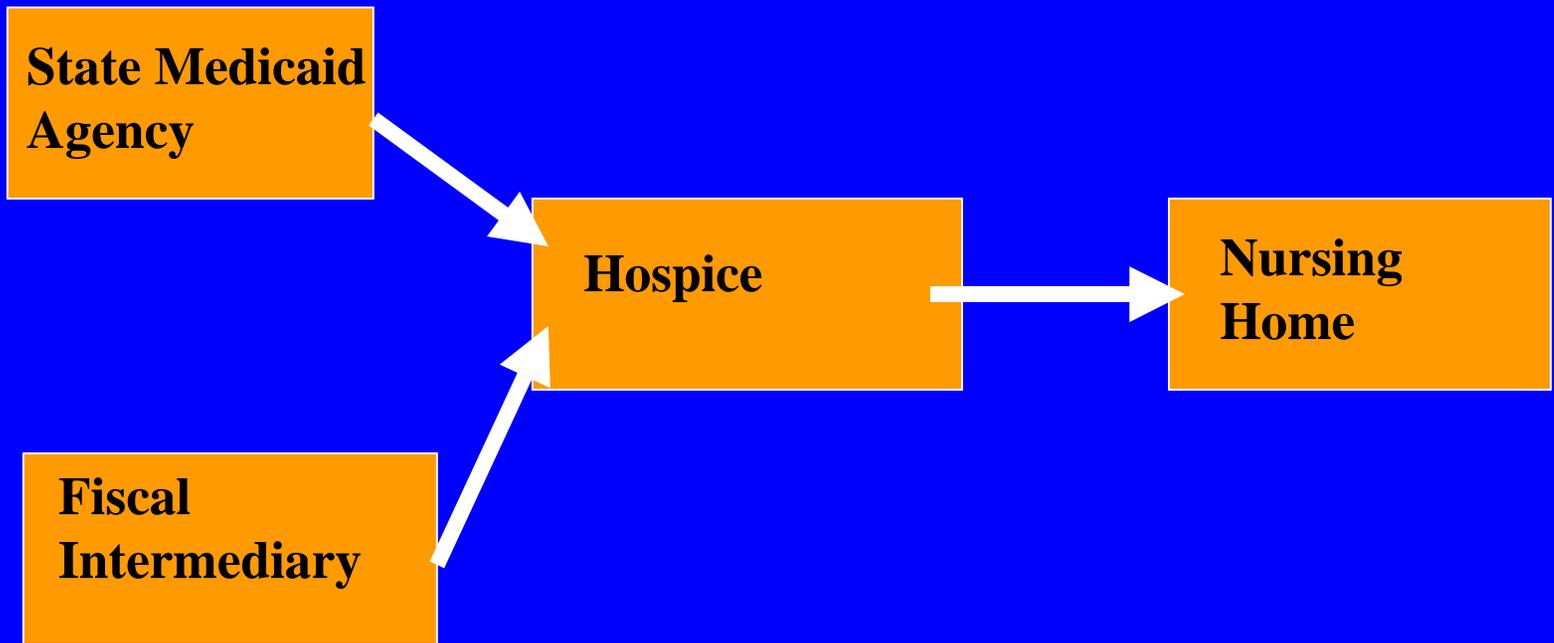
Nursing Services



Dual Eligibles

- **Hospice and NF must have written agreement**
- **Hospice assumes professional management of the individual's hospice care and**
- **Facility provides room and board**

Medicare And Medicaid Payments For Hospice Patients Residing In NF



Some Problems

- **Accept patients who live in NH, then delegate hospice care to the NH**
- **Discharge patients who are too costly or inconvenient**
- **Do not adequately address pain control, or fail to meet patient's needs**



Some Barriers

- Many unwilling to talk about dying
- Many don't understand hospice
- Many don't understand benefit
- Some physicians refer very late

QUESTIONS???

