

Helpful Information when Considering Hospice

What is Hospice?

Hospice is a comprehensive model of care designed to meet the needs of individuals, and their loved ones, who are dealing with a life-limiting illness, and whose goals of care are focused on quality of life rather than a cure. Hospice care is comfort-focused, addressing symptoms such as pain, as well as emotional and spiritual support for individuals and their loved ones. Hospice services are provided wherever an individual lives. This may include a private home, adult family home, assisted living facility, or skilled nursing facility. At times, when symptoms cannot be effectively managed elsewhere, hospice care may be provided in a hospital. This is rare and generally short-term.

Who is Eligible for Hospice?

Hospice care is for individuals with a life expectancy of months versus years. Medical eligibility is defined as a life-limiting prognosis of 6 months or less of life if the disease runs its normal course. Eligibility is determined by your medical provider, if you have one, and a hospice physician. If you do not have a medical provider, a hospice physician can serve as your provider. In addition to cancer, some common hospice diagnoses are dementia, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), stroke (CVA) and Lou Gehrig's disease (ALS). A hospice team member will complete an eligibility evaluation during the assessment/admission visit.

Where Does Hospice Happen?

Hospice is a model of care, and not a "place" to go at the end of life. Hospice care is most often provided in the hospice patient's "home," which could be a private home, adult family home, assisted living facility, skilled nursing facility, a hotel room, etc. While most hospice care can be managed in the home, there may be times when a higher level of care is needed in order to manage acute and severe symptoms that cannot be managed at home. This is typically short-term inpatient care provided at a hospice contracted-hospital and is called Hospice General Inpatient Care (GIP).

Who Pays for Hospice?

Medicare, Medicaid, and many private insurance plans provide a specific hospice benefit.

Hospice services are fully covered under both the Medicare and Medicaid hospice benefit.

Private insurance coverage is determined by your specific plan. Since services are covered on a daily basis, any copayments or coinsurance will generally apply on a per day basis. The hospice care team is available to help with questions you may have. However, please contact your insurer if you have questions about your specific hospice benefit.

What Does Hospice Cover?

The hospice care team provides comfort focused care with intermittent visits.

- Registered nurses provide clinical management, nursing care, and support.
- Social workers provide counseling and facilitate access to resources.
- Spiritual Support Counselors provide spiritual, mental, and/or emotional support.
- Certified nursing assistants provide personal care and companionship.
- Hospice physicians collaborate with the patient's medical provider for management of care.
- Pharmacists consult on medication management.
- Trained volunteers offer companionship and enrichment for patients and can assist the caregiver with simple errands.
- 24/7 phone availability for registered nurse consult and support.
- After-hours nursing visits for urgent clinical needs.
- Bereavement services for 13 months following the loss of a loved one.

Hospice covers medications for comfort and management of symptoms related to the hospice diagnosis. These may include medications for pain or discomfort, shortness of breath, nausea, or anxiety. The nurse will discuss medications at the initial nursing assessment visit, and then continue discussions at subsequent visits. Typically, medications change during the course of hospice care.

Can I Continue Medications or Treatments for my Condition While on Hospice?

Hospice care focuses on comfort and quality of life. Hospice covers all medications that are related to the hospice diagnosis and needed for alleviating symptoms. Hospice does not cover curative medications as the goal of hospice is comfort. Hospice also provides medical equipment and supplies related to the hospice diagnosis. These may include:

- Hospital bed, wheelchair, walker, bedside commode, oxygen, over bed table and more.
- Incontinence supplies such as gloves, wipes, briefs and more.

Does Hospice Provide Fulltime Caregiving?

Hospice does not provide full-time caregiving. Hospice staff visit intermittently. The frequency of visits is determined by the ongoing assessment of clinical needs and may change throughout the course of care. A nursing visit occurs at least bi-weekly, and typically visits from all members of the hospice team increase as illness progresses. Patients and their caregivers can contact their hospice care team by phone, Monday-Friday, 8:30am – 5:00pm, if they have questions or needs between scheduled visits. On-call nurse support is available 24 hours per day for more urgent needs. The hospice social worker is a resource to offer practical and emotional support while patients and families determine a full-time caregiving plan.

Does Hospice Cover “Room and Board” Expenses?

Hospice does not cover expenses related to housing, food, or personal care. Individuals must cover these costs either through private payment or through Medicaid (if they qualify). Some private insurances, as well as Veteran’s benefits, may provide some coverage for room, board, and daily personal care. If you or your loved one resides at a facility, it is important to work with facility staff to determine how starting hospice may impact you or your loved one’s expenses.

Can I get Home Health While on Hospice?

Medicare and other insurers will not cover hospice and home health simultaneously.

The goal of home health is to rehabilitate and recover, while the goal of hospice is comfort. Certain limited therapy services may be included in the hospice plan of care based on the hospice nursing assessment.

Can I go to the Hospital While on Hospice?

Typically, people receiving hospice care wish to avoid returning to the hospital, and hospice support can help achieve that goal. Going to the hospital for lifesaving or life-prolonging interventions or treatments is generally not aligned with the hospice model of care. However, there are times when hospital-level care may be indicated for acute symptom management. It is important to contact the hospice team to discuss options *before going to the hospital or emergency department*. All care for your hospice diagnosis must be provided directly by your hospice agency or arranged through your hospice agency. Seeking services independently could result in personal financial responsibility for those services.

What if my Symptoms are too Severe?

If more intensive medical care is needed, the care team may recommend care in a hospice contracted-hospital. This is called Hospice General Inpatient Care (GIP). GIP is typically short-term and continues until symptoms are managed. Once symptoms are controlled, the patient will return to their home setting.

How Long can I Receive Hospice Services?

An individual can receive hospice care as long as they are deemed eligible for hospice as determined by the hospice team, based Medicare eligibility criteria. Sometimes people receive hospice services for over six months. Sometimes a person's condition stabilizes, or improves, and they are no longer medically eligible for hospice services. If an individual is discharged from hospice, services can be restarted again in the future once medical eligibility for hospice is established. Private insurance plans generally have limitations on the duration of hospice services.

How do I Start Hospice Services?

Anyone may contact Walla Walla Community Hospice to request a hospice evaluation. If you or a loved one is at a care facility or hospital, the social worker or medical team can assist you with the referral to hospice. We will work with you to schedule a hospice assessment or admission visit. A hospice team member will complete an evaluation during the initial visit to determine if you or your loved one qualify for services.

It is important that the Durable Power of Attorney(s)/legal decision maker is present during the hospice evaluation/admission visit. If the patient cannot make medical decisions, and the DPOA/legal decision maker is not able to attend, it is critical that the hospice admission forms are signed in advance. The hospice admission cannot take place unless this occurs.

Contact Walla Walla Community Hospice at 509.525.5561 if you have any questions. If you have a confirmed hospice assessment/admission visit, but your plans or circumstances change, and you no longer wish to proceed with hospice, please call us immediately to notify us about your decision. This allows us to reschedule your appointment time with another individual in need of hospice services.

Why Choose Walla Walla Community Hospice?

Walla Walla Community Hospice is your local non-profit hospice provider, serving individuals in the Walla Walla Valley since 1980. Our dedicated and experienced team is committed to partnering with you and your loved ones to ensure you experience compassionate person-centered care when facing a life-limiting illness.

***When there isn't a cure,
there's the miracle of care.***