



Hospice Frequently Asked Questions

The following are some basic answers to frequently asked questions about hospice. Additional information about hospice is available from the California Hospice Foundation or from a hospice in your area. We believe the best time to learn about hospice, and ask about hospice, is before hospice services are needed.

1. WHAT IS HOSPICE?

Hospice is available to people living with an end-stage disease including cancer, pulmonary disease, ALS, heart disease, dementia, Alzheimer's, HIV-AIDS, and any other life-threatening illness. Hospice care is available to patients who no longer wish treatment directed at curing their disease. The hospice benefit is flexible. Initially, a physician certifies that the patient has a life expectancy of six months or less, if the disease follows its normal course. The first two certifications are for 90 days each. Thereafter, the physician re-certifies eligibility every 60 days. As long as the patient is re-certified, he/she remains eligible for hospice, even when it exceeds six months. Programs are available for adults, children and infants. When cure is no longer a real possibility, hospice focuses on and treats the person, not the disease. A primary goal is to control pain and other symptoms so the patient can remain as alert and comfortable as possible. Hospice includes all of the services needed to manage an individual's medical care and also provides emotional and spiritual support for the whole family. Hospice stresses quality of life and is an alternative to extended medical or curative treatments. Many people actually live longer under hospice because their symptoms are managed and treated based on their unique needs and preferences.

2. HOW DOES HOSPICE WORK?

Individuals are usually referred to hospice by their personal physician, although individuals can be referred by their families or even by themselves. Hospice usually begins within 48 hours after a referral, and can begin sooner based on the circumstances. The hospice nurse evaluates what the person and family needs and develops a plan of care. The plan addresses the entire family's needs: medical, emotional, psychological, spiritual and support services. The nurse then coordinates the care with a physician and the full team of health professionals. Under the direction of a physician, hospice provides an all-inclusive set of services needed to manage all of a person's symptoms and complications. Medical care is given, symptom relief is provided, and the patient and family receive the support and understanding they need.

3. WHAT SERVICES ARE INCLUDED?

Services are provided by a coordinated team that draws upon many different kinds of professionals who provide medical care and support services. The team also ensures that services and resources are available and provided when needed, without the family having to locate and arrange for them. When staying at home, family and friends are encouraged to participate in the patient's care as much as possible. When someone doesn't have family who can serve as caregivers the team may be able to help

identify friends and people in the community who volunteer to help. The hospice team remains available for help and support to the patient and family.

Services are provided by:

- Chaplains
- Pharmacists
- Home Health Aides
- Physicians**
- Hospice Aides
- Social Workers
- Nurses
- Trained Volunteers

**Your personal physician is also a welcome part of the hospice team and may continue to bill for professional services.

Other services include:

- Bereavement counseling and support is provided to the family for up to 13 months or longer, if needed, after the death of their loved one.
- All medications related to the terminal diagnosis.
- Medical supplies and appliances related to the terminal illness.
- Patient and family education (i.e. the team teaches the family caregivers how to provide care).
- Short-term inpatient care, including respite care.
- Other services as required, including: physical, occupational, dietary and speech-language therapy.

4. WHAT IS NOT COVERED?

Hospice insurers, including Medicare, don't pay for round-the-clock home nursing. In addition, experimental treatments, clinical trials or other medical services aimed at curing the disease are not covered. Many people think so but funeral services are also not covered by hospice.

5. HOW DO I ASK FOR HOSPICE?

You don't have to wait until your physician brings up hospice. You can take the initiative, you can begin the discussion with your personal physician, or you can request an evaluation directly from a hospice program at any time. Hospice care begins with a referral, usually from your physician, but referrals can be made by you, family members or even friends. If you are not sure you are ready or if you think you want hospice but need more specific information to help you decide, you can ask for a hospice consultation.

6. ARE THERE DIFFERENT TYPES OF HOSPICE PROGRAMS?

Hospice programs differ in size, scope of care and organization. Programs may range from volunteer hospices that rely heavily on professional and lay volunteers to organizations that provide comprehensive palliative and support services through professional employees, with support from lay volunteers.

7. WHO PAYS FOR HOSPICE CARE?

Hospice is covered by Medicare, Medi-Cal and most commercial insurance. It pays for a wide range of support services that are aimed at keeping the patient as comfortable as possible. While each hospice has its own policies concerning payment for care, it is a principle of hospice to offer services based upon need rather than the ability to pay. While hospice care is a covered benefit under many insurance plans, many hospices also rely heavily, if not entirely, upon community support for donations to provide care to those who cannot otherwise afford it.

8. CAN I CHANGE MY MIND?

Yes, a person may elect to end their hospice care at any time and then may receive hospice care again, if desired, at a later date. For example, an individual can leave hospice to try a new curative treatment and return to hospice, if they still meet program criteria of a six month life expectancy.