

Hospice Definition and Eligibility

According to The Centers for Medicare and Medicaid Services, hospice is a public agency or private organization or subdivision of either that is primarily engaged in providing care to terminally ill individuals, meets the conditions of participation, and has a valid Medicare provider agreement. It can also be considered a program that provides special care for people who are at the end of their life or the care of the terminally ill patient focusing on pain relief and symptom control.

Hospice is an interdisciplinary approach to care. The hospice team consists of the physician, Registered Nurse, Social Worker, Spiritual Care, Hospice Aide, Volunteers, Bereavement and other therapies and counseling as defined in the patient's individualized Plan of Care.

The goal of hospice care is not curative care, but to improve the patient's quality of life and allow the patient to live out the remainder of their life with peace and dignity. Hospice care centers around meeting the patient's physical, psychosocial and spiritual needs as well as the psychosocial needs of the patient's family/caregiver. In contrast, palliative care is focused on the relief of pain and uncomfortable symptoms of the disease process rather than a cure, and curative care is care that tends to overcome disease and promote recovery.

Anyone who has a terminal illness or anyone who no longer chooses to receive aggressive treatment for their terminal illness is eligible for hospice care. There is no age limit for hospice care.

Hospice care that is provided through the Medicare benefit requires that the patient be entitled to Medicare Part A. They must have a terminal/life limiting illness with a life expectancy of six months or less if the illness were to runs its normal course. The physician must certify that the patient is terminally ill. Hospice care is provided at home or any place the patient resides. Most private insurance plans also have a hospice benefit.

The patient or responsible party or representative with power of attorney must elect the hospice benefit. At the time of election, all aspects of the hospice benefit are be explained with the understanding that certain Medicare benefits are waived by electing the hospice benefit.

To ensure that the patient remains eligible for the hospice benefit, safeguards are put into place. The patient is certified in benefit periods - the first 2 are 90 days each, and each subsequent period is 60 days. As long as the patient has a terminal condition, is certified as terminally ill by the Hospice Medical Director and is not seeking curative care, the patient remains on hospice until death or if the condition were to change from terminal to chronic, would be discharged from hospice.



Hospice Diagnoses Indicators of terminal prognosis

Dementia/Alzheimer's

- Non-ambulatory
- · Incontinent of bowel or bladder
- Recent ER/hospital visits
- · Recurrent infections
- · Significant decline in functional status
- · Activities of daily living (ADL) assistance required
- · Lack of meaningful verbal communication
- · Weight loss

Neurological (CVA/Stroke, Parkinson's, ALS)

- Unable to ambulate alone
- Significant decline in functional status
- Recent ER/hospital visits
- · ADL assistance required
- Limited speech/decline in communication
- · Incontinent of bowel or bladder
- Weight loss

Renal Disease

- No longer receiving dialysis or choosing to stop dialysis
- · Confusion, altered level of consciousness
- Fluid overload

COPD/Lung Disease

- Increased visits to ER for respiratory failure or infections
- · Shortness of breath at rest
- Oxygen dependent
- Poor response to bronchodilators

Heart Disease

- · Shortness of breath with exertion
- Recurrent symptoms of congestive heart failure
- Activity intolerance
- Poor response to maximum medical management with diuretics and vasodilators

Liver Disease

- · Diagnosis of end stage liver disease
- Abnormal liver enzymes
- Jaundice
- Ascites

HIV/AIDS

- Weight loss
- · Decreased ability to care for self
- · Chronic persistent diarrhea
- · Changes in lab values
- · Opportunistic infections

Cancer

- · Metastatic disease
- Continued decline despite therapy
- Declines further aggressive medical intervention
- · Rapid disease progression at onset.

Alzheimer's is a progressive deteriorating brain disease. It is one form of dementia. The disease progresses from forgetfulness to total impairment and can last from two to 20 years. At the end stage of Alzheimer's disease, all verbal ability is lost. Speech is garbled and nonsensical, and the patient is dependent on family/staff for all ADLs. The patient becomes unable to ambulate, and the brain can no longer tell the body what to do.

Dementia describes a group of symptoms and is not a name of a specific disease. A person with dementia has difficulty with cognitive functioning. These are recognized by the following symptoms: memory loss, behavior issues, changes in social skills, changes in sensory perception and muscle control, and decrease in ability to communicate and speak. End stage dementia includes symptoms such as unable to ambulate without assistance, unable to complete ADLs, incontinent of bowel and bladder, ability to speak is limited, difficulty eating/swallowing.

Heart Disease can take many forms but is a condition that affects the heart muscle or the blood vessels of the heart that impairs normal functioning. There is often inadequate blood flow to the heart muscle due to decreased blood supply from a variety of originating factors. End stage heart disease includes symptoms such as a limited ability to function with daily, routine tasks, and shortness of breath upon exertion.



Coma is a state of consciousness from which the patient cannot be awakened or aroused by external stimuli. The comatose patient is considered terminal by day 3 with any of the following: abnormal brain stem response, absent verbal response, absent response to pain, or symptoms of kidney failure.

Renal Disease affects the kidneys. The kidneys remove waste and excess fluid from the body. The disease process affects the ability of the body to maintain a stable balance of body chemicals. End stage renal disease includes symptoms such as declining renal dialysis, abnormal lab values, fluid overload, congestive heart failure and overall general physical decline.

Liver Disease is a disease that involves the liver. The liver aids in digestion and the removal of waste from the blood. Usually liver disease is systemic, affecting other systems in the body. Some examples of the disease are cirrhosis, hepatitis, liver cancer and metabolic disorders. End stage liver disease includes symptoms such as jaundice, drowsiness, lethargy, restlessness, ascites, headache, abnormal lab values and malnutrition.

Stroke is a cerebrovascular accident (CVA) that occurs when the blood supply to a part of the brain is suddenly interrupted by occlusion, hemorrhage or other causes. It may be a temporary or permanent loss of blood flow to the brain. End stages of CVA include inability to perform ADLs, weight loss, mainly bed bound, and dysphagia/difficulty swallowing food and fluids severe enough to prevent adequate nutrition without artificial means.

Human Immunodeficiency Virus (HIV)/AIDS is a gradual deterioration of immune function. Critical immune cells decrease—CD4 and T cells—which eventually leads to substantial risk of infection. End stage HIV/AIDS has the following symptoms: decreased ability to perform ADLs, absence of or resistance to drug therapy related to HIV disease, weight loss.

Pulmonary Disease is a disease of the lungs and the respiratory tract. Chronic obstructive pulmonary disease (COPD) is a term used for a group of respiratory diseases that limit airflow to the lungs. Some examples include chronic bronchitis, emphysema and asthma. End stage pulmonary disease includes shortness of breath at rest, poor or no response to bronchodilators, decreased functional ability, increased respiratory infections, increased visits to the hospital/ER, and oxygen saturation less than 88% on room air.