

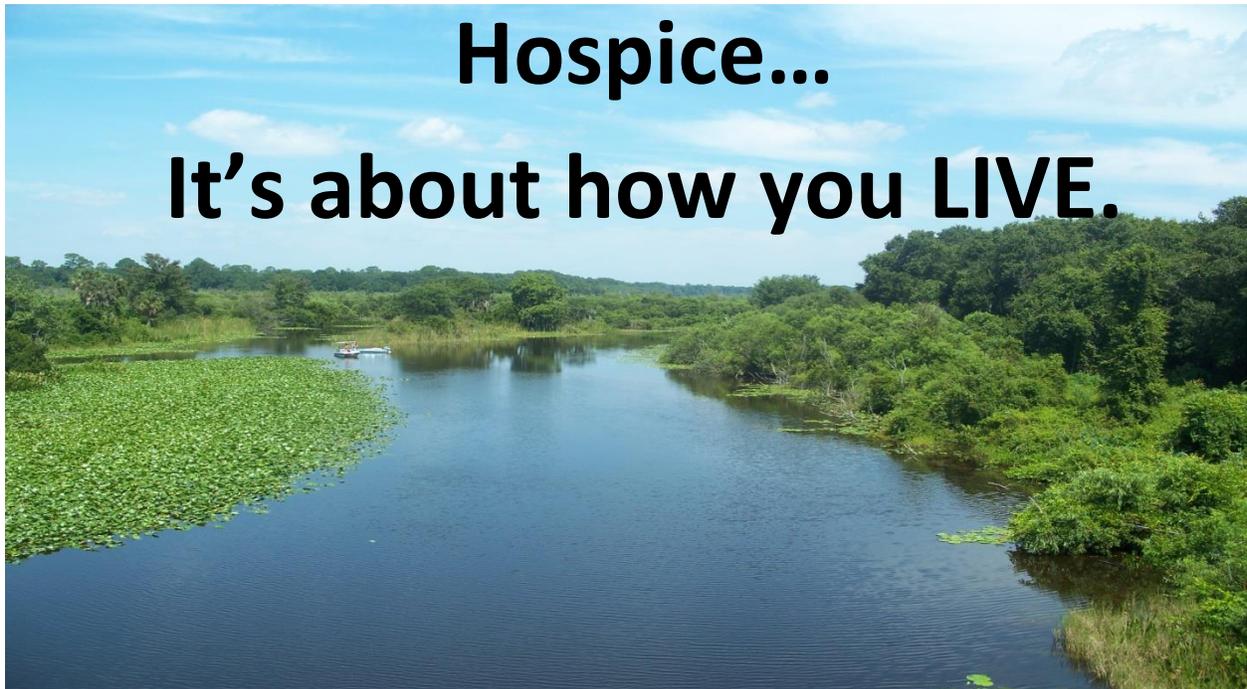


ALL SEASON'S HOSPICE

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Hospice...

It's about how you LIVE.



Hospice Care

Hospice is a program of care and support for people who are terminally ill. Here are some important facts about hospice:

- * Hospice helps people who are terminally ill live comfortably.
- * Hospice isn't only for people with cancer.
- * The focus is on comfort, not on curing an illness.
- * A specifically trained team of professionals and caregivers provide care for the "whole person" including his or her physical, emotional, social, and spiritual needs.
- * Services may include physical care, counseling, drugs, equipment, and supplies for the terminal illness and related condition(s).
- * Care is generally provided in the home but can also be rendered in a different home setting (Nursing home, Board and Care, Assisted Living)

Medicare Hospice Benefits

You can get Medicare hospice benefits when you meet **all** of these conditions:

- * You're eligible for Medicare Part A (Hospital Insurance)
- * Your doctor and the hospice medical director certify that you're terminally ill and have 6 months or less to live if your illness runs its normal course.
- * You sign a statement choosing hospice care instead of other Medicare-covered benefits to treat your terminal illness. (Medicare will still pay for covered benefits for any health problems that aren't related to your terminal illness.)
- * You get care from a Medicare-approved hospice program.



How hospice works

Your doctor and the hospice team will work with you and your family to set up a plan of care that meets your needs. Your plan of care includes hospice services that Medicare covers. If you qualify for hospice care, you'll have a specially trained team and support staff available to help you and your family cope with your illness.

You and your family members are the **most important** part of the team. Other people on the team may include:

- Doctors
- Nurses or nurse practitioners
- Social Workers
- Hospice Aides
- Chaplain
- Volunteers

In addition, hospice nurses are on-call 24 hours a day, 7 days a week to give you and your family support and care when you need it.

A hospice doctor is part of your medical team. Your regular doctor or a nurse practitioner can also be part of this team as the attending medical professional to supervise your care. However, only your regular doctor (**not a nurse practitioner that you've chose to serve as your attending medical professional**) and the hospice medical director can certify that you're terminally ill and have 6 months or less to live.

The hospice benefit allows you and your family to stay together in the comfort of your home unless you need care in an inpatient facility. If the hospice team determines that you need inpatient care, the hospice team will make the arrangements for your stay.



What Medicare covers

You can get a one-time only hospice consultation with a hospice medical director or hospice doctor to discuss your care options, pain, and management of your symptoms. You can get this one-time consultation if you decide not to get hospice care.

Medicare will cover the hospice care you get for your terminal illness, but the care you get must be from a Medicare-approved hospice program.

Important: Medicare will still pay for covered benefits for any health problems that aren't related to your terminal illness, like care for an injury.

Medicare covers these hospice services when they're needed to care for your terminal illness and related condition(s):

- * Doctor services
- * Nursing care
- * Medical equipment (like wheelchairs and walkers)
- * Medical supplies (like bandages and catheters)
- * Drugs for symptom control or pain relief (may need to pay a small copayment)
- * Hospice aide and homemaker services
- * Social worker services
- * Grief and loss counseling for you and your family
- * Short-term inpatient care (for pain and symptom management)
- * Short-term respite care (may need to pay a small copayment)
- * Any other Medicare-covered services needed to manage your pain and other symptoms related to your terminal illness, as recommended by your hospice team.



Respite care

If your usual caregiver (like a family member) needs a rest, you can get inpatient respite care in a Medicare-approved facility (like a hospice inpatient facility, hospital, or nursing home). Your hospice provider will arrange this for you. You can stay up to 5 days each time you get respite care. You can get respite care more than once, but it can only be provided on an occasional basis.

What Medicare won't cover

When you choose hospice care, you've decided that you no longer want care to cure your terminal illness and/or your doctor has determined that efforts to cure your illness aren't working. Medicare won't cover any of these once you choose hospice care:

Treatment intended to cure your terminal illness

Talk with your doctor if you're thinking about getting treatment to cure our illness. As a hospice patient, you always have the right to stop hospice care at any time.

Prescription drugs to cure your illness (rather than for symptom control or pain relief)

Care from any hospice provider that wasn't set up by the hospice medical team

You must get hospice care from the hospice provider you chose. All care that you get from your terminal illness must be given by or arranged by the hospice team. You can't get the same type of hospice care from a different provider, unless you change your hospice provider. However, you can still see your regular doctor if you've chosen him or her to be the attending medical professional who helps supervise your hospice care.

Room and board

Medicare doesn't cover room and board if you get hospice care in your home or if you live in a nursing home or hospice inpatient facility. However if the hospice team determines that you need short-term inpatient or respite care services that they arrange, Medicare will cover your stay in the facility. You may have to pay a small copayment for the respite stay.

Care in an emergency room, inpatient facility care, or ambulance transportation, unless it's either arranged by your hospice team or is unrelated to your terminal illness.

Note: Contact your hospice team **before** you get any of these services or you might have to pay the entire cost.

What you pay for hospice care

Medicare pays the hospice provider for your hospice care. There's no deductible. You'll pay:

No more than \$5 for each prescription drug and other similar products for pain relief and symptom control.

5% of the Medicare-approved amount for inpatient respite care.

For example, if Medicare pays \$100 per day for inpatient respite care, you'll pay \$5 per day. The amount you pay for respite care can change each year.

How long can you get hospice care?

Hospice care is intended for people with 6 months or less to live if the disease runs its normal course. If you live longer than 6 months, you can still get hospice care, as long as the hospice medical director or other hospice doctor recertifies that you're terminally ill and therefore remain appropriate for hospice care.

Important: Hospice care is given in benefit periods. You can get hospice care for two 90-day periods followed by an unlimited number of 60-day periods. At the start of each period, the hospice medical director or other hospice doctor must recertify that you're terminally ill, so you can continue to get hospice care. A benefit period starts the day you begin to get hospice care and it ends when your 90-day or 60-day period ends.



Stopping hospice care

If your health improves or your illness goes into remission, you no longer need hospice care. Also, you always have the right to stop hospice care at any time for any reason. If you stop your hospice care, you'll get the type of Medicare coverage you had before you chose a hospice program (like treatment to cure the terminal illness). If you're eligible, you can go back to hospice care at any time.

Example: Mrs. Jones has terminal cancer and got hospice care for two 90-day benefit periods. Her cancer went into remission. At the start of her 60-day period, Mrs. Jones and her doctor decided that, due to her remission, she wouldn't need to return to hospice care at that time. Mrs. Jones' doctor told her that if she becomes eligible for hospice services in the future, she may be recertified and can return to hospice care

Your Medicare Rights

As a person with Medicare, you have certain rights. If your hospice program or doctor believes that you're no longer eligible for hospice care because your condition has improved and you don't agree, you have the right to ask for a review of your case. Your hospice should give you a notice that explains your right to an expedited (fast) review by an independent reviewer hired by Medicare, called a Quality Improvement Organization (QIO). If you don't get this notice, ask for one.

Note: If you pay out-of-pocket for an item or service your doctor ordered, but the hospice refuses to give it to you, you can file a claim with Medicare. If your claim is denied, you can file an appeal.

For more information about your Medicare rights, visit [medicare.gov/appeals](https://www.medicare.gov/appeals) or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have a complaint about the hospice that's providing your care, contact your State Survey Agency. To get the phone number of your State Survey Agency or learn more about how to file a complaint, visit [Medicare.gov](https://www.medicare.gov), or call 1-800-MEDICARE.

Changing your hospice provider

You have the right to change providers only ONCE during each benefit period. You can get hospice care for two 90-day periods followed by an unlimited number of 60-day periods.



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General Hospice Eligibility Guidelines:

To be eligible for hospice, a patient with a terminal condition should exhibit one or more of the following:

- * Disease progression that is not considered reversible
- * Multiple ER visits within the last six months
- * Progressive functional decline (eg. From ambulating to bedbound, independent to mod assist)
- * Patient elects to forego curative treatments (ex. Decline to continue dialysis)
- * Progressive impaired nutritional status (Progressive weight loss within the past 3-6 months)





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Hospice Care Team Schedule of Visit

- * Hospice MD- Once a month and if necessary
- * Registered Nurse/ Case Manager- Every 14 days and if necessary
- * Licensed Vocational Nurse- Twice a week and if necessary
- * Home Health Aide- Twice a week and if necessary
- * Medical Social Worker- Once a month and if necessary
- * Chaplain- Once a month and if necessary





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Hospice Level of Care

- * **Routine level of care-** Hospice care service will be delivered at home/SNF/ALF. Patient's symptoms are managed, hospice care team will visit the patient routinely (RN every 14 days, LVN twice a week, CHHA twice a week, MD, MSW and Chaplain once a month and if necessary).
- * **General Inpatient level of care-** This level of care is for patients that have uncontrolled symptoms. Delivery of care is in a skilled nursing facility. Facility should have a 24hr registered nurse. Hospice licensed nurses will visit patient on a daily visit until symptoms are managed.
- * **Continuous home care-** Continuous home care may be provided only during a period of crisis in a home setting. Licensed nurses will provide a minimum of **8 hours** or care during a 24 hour day. Period of crisis may consist of symptom management, family support, and caregiving issues.
- * **Respite care-** If the usual caregiver (like family member) needs a rest, we can provide inpatient respite care in a Medicare-approved facility (like a hospice inpatient facility, hospital, or nursing home). Hospice provider will arrange care and patient can stay up to 5 days.

