



## Comparison of Hospice and Nursing Home Benefit

Hospice in the Nursing Home Task Force – September 2012

| Category                | Hospice Benefit  | Medicaid Nursing Home Benefit  |
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| <p><b>Physician</b></p> | <ul style="list-style-type: none"> <li>• Hospice Medical Director (either hospice physician employee or contracted physician) is responsible for the palliation and management of the terminal illness and conditions related to the terminal illness, and works in conjunction with the patient’s attending physician.</li> <li>• Hospice physicians are involved with each patient’s care through interdisciplinary group (IDG) meetings to discuss and revise the patient’s plan of care, meeting at least every 15 days, and are available 24/7 for on-call urgent changes in condition.</li> <li>• Hospice physicians’ administrative services are included in the hospice per diem payment. Hospice physicians’ professional medical services related to the patients’ terminal condition are billed through the hospice to Medicare Part A.</li> <li>• Hospice physicians have expertise in managing patients near the end of life, and many hold board certification in hospice and palliative medicine.</li> <li>• Hospice physicians must consult with the patient’s attending physician in certifying the patient for hospice care, developing the patient’s plan of care, and collaborating on the patient’s ongoing care.</li> <li>• There are no regulatory requirements regarding attending physician availability for</li> </ul> | <ul style="list-style-type: none"> <li>• Nursing Home Medical Director is responsible for the overall care of all patients in the nursing facility, and supplements the attending physician’s oversight and care.</li> <li>• Nursing Home Medical Directors are involved when needed, and are available to address patient care needs when the attending physician is not available.</li> <li>• Attending physicians are available according to the policy of the facility.</li> <li>• Attending physician bills Medicare Part B.</li> </ul> |

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|                         | <p>urgent needs, since the hospice physician must be available 24/7.</p> <ul style="list-style-type: none"> <li>• If the patient's attending physician is not a hospice physician, they bill Medicare Part B.</li> </ul>   |  |
| <b>Nursing Services</b> | <ul style="list-style-type: none"> <li>• Registered Nurse assigned to each patient as the case manager.</li> <li>• Nursing care, by or under the supervision of a registered nurse, is available 24/7 to address emergent/crisis care issues as needed.</li> <li>• Education/training focuses on pain and symptom management and care for the terminally ill.</li> <li>• Expertise in hospice philosophy, pain/symptom management, principles about death and dying.</li> <li>• Goals of care are to allow the patient to die in comfort according to the patient's personal philosophy.</li> <li>• Coordinates nursing care with the nursing facility team, serving as a resource for education about pain and symptom management and other care issues with the nursing facility staff.</li> </ul> | <ul style="list-style-type: none"> <li>• Registered Nurse provides supervisory oversight to staff and facility patients.</li> <li>• LVN/LPN provides direct skilled nursing.</li> <li>• Education/training focuses on care of geriatric patients.</li> <li>• Goals of care are to maintain highest practicable functioning.</li> </ul> |
| <b>Aides</b>            | <ul style="list-style-type: none"> <li>• Supplement the personal care/homemaker services provided by the primary caregiver and/or nursing home aides serving as caregivers.</li> <li>• Trained to address the needs and concerns of patients and families coping with a terminal illness.</li> </ul>   | <ul style="list-style-type: none"> <li>• Assume the role as primary caregiver by providing personal care for comfort and cleanliness. Includes assistance with all activities of daily living.</li> <li>• Trained to provide care that maintains or improves resident functioning.</li> </ul>  |

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| <b>Social Worker</b> | <ul style="list-style-type: none"> <li>• Expertise in hospice philosophy.</li> <li>• Assist patient/families in making treatment decisions, resuscitation decisions, and preparing advance directives.</li> <li>• Assist in the practical aspects of dying such as making funeral arrangements.</li> <li>• Assist in reconciliation/ closure to family and patient relationships.</li> <li>• Assist with anticipatory grief and counseling in bereavement. Develops a plan to manage complicated grief.</li> <li>• Assist residents/families in application process for Medicaid and resolving financial issues.</li> <li>• Assist in discharge planning and alternative living arrangements.</li> </ul> | <ul style="list-style-type: none"> <li>• Assists residents/families in application process for Medicaid, arranging for medical appointments, transportation, financial issues.</li> <li>• Often is responsible for admission and ongoing insurance paperwork.</li> <li>• Assist in discharge planning and alternative living arrangements.</li> </ul> |
| <b>Chaplains</b>     | <ul style="list-style-type: none"> <li>• Provides spiritual counseling to meet the patient/family spiritual needs in a manner consistent with their beliefs and desires.</li> <li>• Available when needed by patients and/or families for spiritual issues.</li> <li>• Facilitate visits by local clergy, pastoral counselors, or other individuals to support the patient's spiritual needs.</li> </ul>   | <ul style="list-style-type: none"> <li>• Not included.</li> </ul>   |
| <b>Pharmacists</b>   | <ul style="list-style-type: none"> <li>• Provides pharmacy consultation services to meet the medication needs of the patient.</li> <li>• Knowledgeable in hospice and palliative care and understands medication management and pain and symptom management.</li> </ul>  | <ul style="list-style-type: none"> <li>• Provides pharmacy consultation services.</li> <li>• Pharmacist reviews each patient's medication list monthly.</li> </ul>  |
| <b>Volunteers</b>    | <ul style="list-style-type: none"> <li>• Trained in the principles of death and dying.</li> <li>• Volunteer activities are based on the individualized needs of patients and families, as specified in the patient's plan of care.</li> <li>• Hospice is required to provide 5% of the total direct patient hours in volunteer services.</li> </ul>  | <ul style="list-style-type: none"> <li>• Not included.</li> </ul>   |

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| <b>Physical therapy, occupational therapy, and speech-language pathology</b> | <ul style="list-style-type: none"> <li>• Services are provided as needed when related to the terminal illness, and are included in the per diem rate.</li> </ul>                        | <ul style="list-style-type: none"> <li>• Varies according to state plan.</li> <li>• Restorative nursing care included.</li> <li>• Licensed therapist services are billed to Medicare Part B.</li> </ul>  |
| <b>Durable Medical Equipment (DME)</b>                                       | <ul style="list-style-type: none"> <li>• DME related to the terminal illness is included in the per diem rate.</li> </ul>   | <ul style="list-style-type: none"> <li>• Equipment that is used by individual patients and that is reusable and expected to be available, such as beds, over-bed table, bedside commodes, wheel chairs are included in the nursing home rate. Some state plans include other items, such as oxygen.</li> </ul> |
| <b>Supplies</b>  | <ul style="list-style-type: none"> <li>• Supplies related to the terminal illness are included in the per diem rate.</li> </ul>   | <ul style="list-style-type: none"> <li>• State plans differ. Items frequently included in the nursing home rate are incontinence care products, personal hygiene items, and expendable items used in the treatment of the resident.</li> </ul>   |
| <b>Medications</b>   | <ul style="list-style-type: none"> <li>• Medications related to the palliation of the terminal illness and on the plan of care are included in the per diem rate.</li> </ul>            | <ul style="list-style-type: none"> <li>• Medications are billed through Medicare Part D. Some states include over-the-counter meds in the per diem rate.</li> <li>• Rate includes services of a pharmacy consultant.</li> </ul>  |
| <b>Administration of Medications</b>   | <ul style="list-style-type: none"> <li>• Hospice assumes responsibility for administration of medications that must be performed by a skilled nurse, such as morphine pumps.</li> </ul> | <ul style="list-style-type: none"> <li>• Medications administered by nursing home staff. Oral medications are often administered by trained, unlicensed staff under supervision of LVN/LPN.</li> </ul>   |
| <b>Room and Board Services</b>   | <ul style="list-style-type: none"> <li>• Not included.</li> </ul>   | <ul style="list-style-type: none"> <li>• Responsibility of the nursing home, meeting building requirements for sanitation and safety standards.</li> <li>• Laundry and housekeeping.</li> <li>• Maintenance.</li> </ul>  |

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| <b>Dietary Services</b>   | <ul style="list-style-type: none"> <li>• Food not included.</li> <li>• Tube feedings may be included if related to the terminal illness.</li> <li>• Dietary counseling is required to be provided by the hospice.</li> </ul> | <ul style="list-style-type: none"> <li>• Purchasing, preparation, and delivering food.</li> <li>• Dietician.</li> <li>• Some state plans include dietary supplements used for tube or oral feedings. If not included, supplements may be covered under Medicare Part B.</li> </ul> |
| <b>Activities Program</b> | <ul style="list-style-type: none"> <li>• Not included.</li> </ul>  | <ul style="list-style-type: none"> <li>• Activity services and supplies included.</li> </ul>   |
| <b>Lab, x-ray</b>         | <ul style="list-style-type: none"> <li>• Included if related to the terminal illness.</li> </ul>   | <ul style="list-style-type: none"> <li>• Billed to Medicare Part B.</li> </ul>   |
| <b>Transportation</b>     | <ul style="list-style-type: none"> <li>• Ambulance transportation if needed for treatment of conditions related to the terminal illness.</li> </ul>  | <ul style="list-style-type: none"> <li>• Ambulance transportation billed to Medicare Part B.</li> </ul>  |
| <b>Bereavement</b>        | <ul style="list-style-type: none"> <li>• Bereavement plans are initiated on admission and provided for 13 months after the death of the patient.</li> </ul>  | <ul style="list-style-type: none"> <li>• Not included.</li> </ul>  |
| <b>Inpatient Care</b>     | <ul style="list-style-type: none"> <li>• Included if related to the terminal illness.</li> <li>• Depending on patient needs and facility capabilities may be provided within the facility.</li> </ul>                        | <ul style="list-style-type: none"> <li>• Billed to Medicare Part A, generally upon transfer to an acute inpatient facility.</li> </ul>   |