

Hospice Care (Medicare/Medicaid)

A hospice is a public agency or private organization that is primarily engaged in providing pain relief (palliative care), respite care, symptom management, and supportive services to terminally ill people and their families.

Hospice care is a special type of care for people who are terminally ill. It includes both home care and inpatient care, when needed, and a variety of services not otherwise covered under Medicare. Under the Medicare hospice benefit, Medicare pays for services every day and also permits a hospice to provide appropriate custodial care, including home-maker services and counseling. Medicare hospice also covers necessary medications and durable medical equipment.

Who is Eligible?

Medicare/Medicaid coverage for hospice is available only if:

- The patient is eligible for Medicare Part A or Vermont Medicaid.
- The patient's doctor and Hospice Medical Director certify the patient is terminally ill with a life expectancy of six months or less.
- No further aggressive or cure-oriented treatment is desired or recommended.
- The patient and family understand hospice philosophy and the patient signs a statement choosing hospice care instead of standard Medicare or Medicaid benefits.

Hospice Covered Services

- Nursing services
- Physician services
- Medication necessary for pain control and symptom management
- Medical Social Services
- Trained volunteers to provide respite, family assistance and support
- Home health aide and homemaker
- Medical supplies and appliances
- Short-term inpatient care of pain control and symptom management
- Respite care for up to five days to give temporary relief
- Counseling for patients and family
- Physical, Occupational and Speech Therapy

Most private insurance plans also include a hospice benefit. The rules for eligibility and the benefits offered differ for each plan.

