

WHO IS ELIGIBLE FOR HOSPICE CARE?

Hospice is available for patients with a life expectancy of six months or less, as determined by a doctor and the hospice medical director.

WHO PROVIDES HOSPICE CARE?

Hospice care is provided by doctors, nurses, social workers, chaplains, home health aides, bereavement counselors and volunteers. This group is referred to as an interdisciplinary team, which is headed by a medical director.

WHO DECIDES WHETHER I GO ON HOSPICE SERVICE?

The individual who needs the care. The decision is made together with the individual, their doctor and loved ones. After hospice services begin, a decision to stop care can be made at any time should the individual and their loved ones decide to seek curative treatments for the life-limiting illness.

WHAT SERVICES DOES HOSPICE PROVIDE?

Hospice services are personalized for the needs of patients and families. Medicare rules require all approved hospice providers to offer a common minimum set of services.

- Doctor and on-call nursing care
- Home medical equipment and personal supplies
- Expert pain management, including pain medications
- Medical social services
- Spiritual care and support
- Hospice aide
- Physical, occupational, dietary and speech therapies
- Support from volunteers
- Short-term inpatient respite care (relief) for family caregivers
- Ongoing grief counseling for the patient, family and friends

WHO PAYS FOR HOSPICE CARE?

Hospice is covered by Medicare, Medicare Advantage plans, Medicaid and most private insurance companies. Hospice is a financial relief for many because services related to the life-limiting illness, such as medication, equipment and supplies, are covered by hospice benefits — with few or no out-of-pocket expenses.

WHAT IF I CHANGE MY MIND AND DECIDE TO SEEK CURATIVE TREATMENT?

It's OK. A decision to receive hospice care can be revoked. There may be times where hospice is no longer appropriate; the individual's condition improves; the family wants to seek curative treatment. It's also possible to re-apply for hospice benefits after receiving other treatment.

WHERE WILL I RECEIVE CARE?

Hospice is not a specific place, it's a philosophy of care. Care is provided based on the patient's needs and situation. It can be anywhere a patient calls home, including a private residence, nursing home or group home.

WHAT END-STAGE ILLNESSES MIGHT A HOSPICE REFERRAL BE APPROPRIATE FOR?

- Cancer
- Adult failure to thrive
- Multiple Sclerosis
- Heart disease or heart failure
- Liver disease
- Parkinson's disease
- COPD and another lung disease
- Stroke
- Huntington's disease
- ALS (Lou Gehrig's disease)
- Coma
- Kidney failure
- Alzheimer's disease
- Dementia
- HIV AIDS

HOW OFTEN WILL YOU VISIT?

Care is available 24 hours a day, seven days a week, 365 days a year. The frequency and level of care will vary based on need. The hospice team works with the individual and their doctors to create a plan of care that adapts to unique needs and priorities.

DOES HOSPICE SUPPORT FAMILIES AFTER THE DEATH OF A LOVED ONE?

Yes, Compassus offers a year of optional grief support. This support can begin before the death of a loved one to prepare the family and caregivers.

WILL MY DOCTOR STILL BE INVOLVED IN MY CARE?

Yes. Doctors work directly with the hospice team to plan care.

WHAT DO I DO TO START HOSPICE CARE?

Contact Compassus at compassus.com/synergy or call us at 833-661-1394.