

Hospice vs. Home Health Care



HOSPICE	HOME HEALTH CARE
<ul style="list-style-type: none"> • MD supervises care along with interdisciplinary team • Coordinator, RN or representative of Hospice makes the initial visit and consults with MD and interdisciplinary members to develop the plan of care • Medical social service is a core service and is required. Social worker must have an MSW from a certified school of social work. • Volunteers are required and must go through training. • Patient and caregiver require or request palliative/supportive care. • Intensity of services/visits increase as patient's death nears. • No 24 hour caregiver provided, Hospice Aides visit intermittently. Care may be provided as: <ul style="list-style-type: none"> • routine home care • continuous home care • general inpatient care • respite care • Care is focused on patient/family/caregiver. Family and/or caregiver is also provided counseling services (bereavement, spiritual, dietary, and emotional). • Reimbursement is per diem under Medicare and covers: <ul style="list-style-type: none"> • all visits by the team • meds related to the life limiting illness • supplies and durable medical equipment related to comfort and ease of care • Private insurance can be either per service or per diem. • Care crosses over settings (home, nursing facility and hospital), patient does not need to be homebound. • Hospice must be served out of one entity. Alternate sites must be supervised by the main office. Employees must be employed by the Hospice. • Durable medical equipment related to comfort and ease of care is provided by the Hospice if related to the life limiting illness. Oxygen is provided if physician orders it and is covered by Hospice. Oxygen saturation levels are NOT needed. • Hospice provides 24-hour pharmacy services to patients. If related to the life limiting illness the cost is covered by Hospice. • Care services available 24 hours per day. On-call nursing available 24 hours per day. • Pastor available if needed by family either as primary spiritual provider or as liaison with own minister. 	<ul style="list-style-type: none"> • MD or RN supervises care. • RN or skilled therapist makes the assessment visit and initiates the POC and treatment without consultation with other staff. • Medical social worker is optional. Social worker must be MSW. • Volunteer services are not required. • Patients required to have skilled nursing need and/or skilled therapy services. • Intensity of service generally decreases as the patient improves and/or is discharged. • No 24-hour caregiver provided Home Health Aides visit intermittently according to Medicare guidelines. • Care is patient focused only. • Reimbursement is per episode of care. • Care is provided in the patient's home. They need to be homebound except for doctor visits or medically related visits. • Services can be offered by the parent agency, as well as branch offices and sub units. • No durable medical equipment provided for unless written script is sent by physician and a copy is in place. • No pharmacy service. • Services may be limited to availability during working hours. Usually has a 24-hour on-call nurse. • No spiritual care provided.