

Understanding home health vs hospice care



The home health and hospice levels of care are both provided in the home and are covered by Medicare benefits. Home health's goal is the patient's return to independence after an illness or injury. If home health care is no longer meeting the patient's needs, there may be consideration to change the focus to the person's comfort and quality of life instead of recovery.

Hospice is an individualized plan of care for someone who has a life-limiting illness with a life expectancy of six months or less. When hospice care is chosen, curative treatments stop, and the focus becomes comfort care for the remaining months, weeks, and days. The earlier hospice can begin when a person is appropriate for the care, the more opportunity our team has to impact their quality of life.

	Hospice	Home Health
Patient appropriateness	Anyone with a terminal prognosis; with a life expectancy of six months or less if the disease follows its normal course	Anyone requiring intermittent skilled nursing, physical or speech language pathology, or continued occupational therapy in their home environment
Referral for care	Anyone can make a referral: physician's order & certification of terminal illness / eligibility by two physicians required	Anyone can make a referral; a face-to-face visit, physician's order, and physician certification of eligibility are required
Payment for care	Medicare Part A , Medicaid, or private insurance; Medicare will pay for hospice care if all the following requirements are met: 1. Prognosis that life expectancy is 6 months or less; 2. Terminal illness is certified by physician; 3. Patient elects the hospice benefit; 4. Care is specified in the hospice plan of care; 5. Hospice program is Medicare-certified	Medicare Part A , Medicaid, or private insurance; Medicare will pay for reasonable and necessary visits if the following requirements are met: 1. Patient needs skilled care; 2. Face-to-face requirements have been met; 3. Patient is homebound; 4. Care is authorized by physician; 5. Home health agency is Medicare-certified
Skilled nursing	Covered for skilled and supportive care	Covered for skilled care, if part-time or intermittent
Medications	Covered, related to the terminal illness	Not included
Durable medical equipment (DME)	100% covered	100% covered
24-hour on-call nurse	Included	Included
Medical social work	Covered for patient and caregivers	Covered for the patient
Home care aide	Covered, based on the patient's plan of care	Covered if part-time or intermittent; primarily bathing
Volunteers	Included	Not included
Spiritual care services	Covered	Not covered
Bereavement care	Included	Not included
Dietician	Dietary consultation available	Dietary consultation available
Physical, speech, occupational therapy	Covered as needed for comfort measures	Covered, limitations on OT
Patients who are nursing facility residents	Covered, not including room & board	Not covered
Inpatient care	Covered	Not covered
Respite care	Covered for up to 5 consecutive days, possible coinsurance	Not covered
Crisis care (skilled nursing)	Covered, during periods of medical crisis	Not covered

