

# Home Health Care vs. Hospice Care

Know the difference.



Services	Home Health Care	Hospice Care
<b>Goal of Care</b>	Curative/Rehabilitation for patient only	Comfort Care - palliation of pain & symptoms with holistic approach for both patient & family
<b>Eligibility Requirements</b>	<p>Physician certifies patient is need of intermittent skilled nursing or therapy</p> <p>1) patient's condition is expected to improve in a reasonable period of time, or</p> <p>2) patient has a need for skilled therapist to make a maintenance program for patient's condition, or</p> <p>3) patient has a need for a skilled therapist to do maintenance therapy for patient to improve</p>	<p>Two physicians must certify a patient has a life expectancy of six months or less should the disease take its natural course</p> <p>Patient accepts palliative care (for comfort) instead of care to cure the illness</p> <p>Patient signs a statement choosing hospice care instead of other Medicare-covered treatments for the terminal illness and related</p>
<b>Admission Process</b>	Varies	24 hours a day, 7 days a week
<b>Visit Frequency</b>	Decreases over time	Increases with patient's needs
<b>After Hours Services</b>	Varies by Provider	Available 24/7
<b>24 hour On Call RN</b>	Not required	Covered
<b>Skilled Nursing Care</b>	Covered, if part-time or intermittent	Covered
<b>Therapy Services (speech, physical, occupational)</b>	Covered, with limitations for OT	Covered, 100% related to the hospice diagnosis and for symptom control
<b>Social Worker</b>	Covered for patient	Covered for patient and caregiver
<b>Chaplain/Spiritual Care Coordinator</b>	Not Covered	Covered
<b>Physician Services</b>	Not covered under Home Care, covered under Medicare part B with 20% co-pay	Covered- 100% for Hospice Physician and Attending Physician
<b>Dietary Counseling</b>	Not Covered	Covered
<b>Homemaker/Aide</b>	Covered, if qualified, limited hours "hands on patient care" only	Covered, based on plan of care
<b>Volunteer</b>	Not Covered	Covered
<b>Medications</b>	Not Covered	Covered, 100% related to the hospice diagnosis and for symptom control
<b>Medical Equipment (DME)</b>	Varies, % may be covered if qualified	Covered, 100% related to the hospice diagnosis and for symptom control
<b>Medical Supplies</b>	Not Covered Home Care Services	Covered, 100% related to the hospice diagnosis and for symptom control
<b>Levels of Care</b>	Home Care	Routine Home Care, Respite, Inpatient, Continuous Care
<b>Homebound Status</b>	Required	Not Required
<b>Improvement Needed</b>	Required	Not Required

## Heart to Heart Hospice

Compassionate Care from Our Heart to Yours

