

Home Health Care vs. Hospice Care

Know the difference.



Services	Home Health Care	Hospice Care
Goal of Care	Curative/Rehabilitation for patient only	Comfort Care - palliation of pain & symptoms with holistic approach for both patient & family
Eligibility Requirements	<p>Physician certifies patient is need of intermittent skilled nursing or therapy</p> <ol style="list-style-type: none"> 1) patient's condition is expected to improve in a reasonable period of time, or 2) patient has a need for skilled therapist to make a maintenance program for patient's condition, or 3) patient has a need for a skilled therapist to do maintenance therapy for patient to improve 	<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>
Admission Process	Varies	24 hours a day, 7 days a week
Visit Frequency	Decreases over time	Increases with patient's needs
After Hours Services	Varies by Provider	Available 24/7
24 hour On Call RN	Not required	Covered
Skilled Nursing Care	Covered, if part-time or intermittent	Covered
Therapy Services (speech, physical, occupational)	Covered, with limitations for OT	Covered, 100% related to the hospice diagnosis and for symptom control
Social Worker	Covered for patient	Covered for patient and caregiver
Chaplain/Spiritual Care Coordinator	Not Covered	Covered
Physician Services	Not covered under Home Care, covered under Medicare part B with 20% co-pay	Covered- 100% for Hospice Physician and Attending Physician
Dietary Counseling	Not Covered	Covered
Homemaker/Aide	Covered, if qualified, limited hours "hands on patient care" only	Covered, based on plan of care
Volunteer	Not Covered	Covered
Medications	Not Covered	Covered, 100% related to the hospice diagnosis and for symptom control
Medical Equipment (DME)	Varies, % may be covered if qualified	Covered, 100% related to the hospice diagnosis and for symptom control
Medical Supplies	Not Covered Home Care Services	Covered, 100% related to the hospice diagnosis and for symptom control
Levels of Care	Home Care	Routine Home Care, Respite, Inpatient, Continuous Care
Homebound Status	Required	Not Required
Improvement Needed	Required	Not Required

Heart to Heart Hospice

Compassionate Care from Our Heart to Yours

