



Hospice FAQs

Who pays for hospice?

Medicare and Medicaid, Veterans Benefits and Private Health plans all offer benefits that cover expenses related to the hospice diagnosis. Hospice pays for medications, medical equipment, and supplies that are related to the hospice diagnosis.

Who is eligible for hospice care?

Hospice care is for anyone with a life-limiting illness. This may include emphysema, Alzheimer's, heart failure, kidney disease, COPD, Parkinson's, or any other disease that is life-limiting. To be eligible for hospice care, the patient's physician and the hospice medical director must certify that the patient has a life expectancy of six months or less, if the disease progression were to run its normal course.

How can I manage to care for my loved one at home?

Hospice nurse and other team members provide care during their visits, and they will teach you what you need to know in order to provide care at home.

Who comes to visit us?

Each patient has their personal physician, hospice medical director, Registered Nurse, and certified nursing assistant. You can decide if you would also like a hospice aide to give personal care, a chaplain to provide spiritual care, a therapist to talk to, a social worker to assist with arranging practical matters, or a volunteer to run errands or keep the patient company.

Can I see my own doctor?

Yes! Your primary care doctor remains your doctor under hospice care. Your doctor will give us direction about your care.

Will someone come to stay with us?

Hospice does not usually provide shift care or 24-hour care. Team members make visits. But a nurse is available by telephone 24-hours a day and can come at any time if a visit is necessary.

Do I have to give up my medications?

No. Hospice will pay for your medications that are related to the terminal diagnosis. If there are medications that hospice does not cover, you can continue to get them and take them as you always have.



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How will hospice manage pain if it occurs?

The goal of hospice is to control and minimize pain as much as possible. We know that pain interferes with eating, sleeping, visiting, and general quality of life. Uncontrolled pain can also shorten life. The patient and family are always in control of their care and can decide how they want to treat pain.

Does hospice do anything that will make my life shorter or longer?

Hospice does not do treatments to shorten or lengthen life. Hospice focuses on improving the quality of life. Research shows that with the extra care from hospice people who go on hospice usually live longer than those who do not.

What about help with practical things like grocery shopping?

You can have a volunteer if you like. Volunteers can help you with practical matters such as shopping, or they can stay with your loved one while you go out.

What if care for my loved one at home becomes too much for me?

If you feel you can't care for the patient at home, the hospice social worker can help you find a skilled nursing facility or residential care facility.

Can we go to the hospital?

Yes. You can always go to the hospital, but please call your hospice nurse first. We may be able to manage your crisis at home. If not, they can help arrange transportation to the hospital. There are times that the hospice may ask the patient to go to the general in-patient unit for a short stay for pain or symptom management.

My loved one lives in a nursing home. What can hospice do that they can't?

Nursing homes are experts in long-term care. Hospice nurses are experts in symptom management and end-of-life care. Hospice nurses are best equipped to deal quickly with urgent problems that arise. Other benefits of hospice include more frequent personal care, volunteer visitors, paid medications and supplies, and bereavement follow-up for family members.

When should we think about getting hospice help?

You can let your doctor know that you would like hospice care when it becomes appropriate. Some doctors may hesitate to talk about hospice for fear you will think they are 'giving up.' Hospice is not giving up.



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Is hospice linked to a religion?

No. Hospice care is only related to health insurance. Because of the special nature of hospice care, we do make spiritual care counselors available to patients and families. They can also help to link you to someone in your own faith community.

Who decides whether we get hospice?

Your doctor may be the first one to suggest hospice care. Or you may be the first to mention it, but only you can make this important decision. It helps to make the choice for hospice care sooner rather than later, though many delay this decision as it marks a turning point in care.

Who makes our health care decisions when we are on hospice?

You and your doctor are always in control of your care. Hospice will make suggestions about your care, but you will always be in control.

What happens if my loved one is still alive at the end of 6 months?

Hospice must periodically re-certify that the patient has a prognosis of six months or less. If at each of these dates it appears that the patient has six months or less to live, then the patient can stay on hospice. If the course of the disease is slow, some people may be longer than six months.

Can we stop hospice care?

Yes. Any patient can go off hospice at any time. You can also go back to hospice if circumstances change.

What if the patient's health improves?

Sometimes with the extra care from hospice, a patient's health improves. They may start eating more and be more active. If they improve to the point that it appears they will live more than six months, then hospice will discontinue. The patient can return to hospice in the future when needed.

What does hospice do for us after my loved one dies?

A large part of hospice care is grief and bereavement support for families and friends. Aegis understands that this is a difficult time and provides counseling, support groups, and remembrance events for families after a death.