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For advanced planning

Comparison of Home Care, Home Palliative Care and Home Hospice

Three levels of care covered by Medicare, Medicaid, and specific private insurances in the home setting are: traditional home care, home palliative care, and home hospice.

It can be confusing to understand which services are covered by which type of insurance coverage. This document is for general information purposes only.

For specific information, always check with a case manager or social worker in the agency.

Side-by-side comparison for assisting in understanding services available		Part B Medicare Coverage	Part "A" Medicare and Medicaid
	Home Care	Home Palliative Care	Home Hospice
Main Contact	❖ Registered nurse, physical therapist	Registered Nurse, Nurse practitioner, and or physician	Registered nurse, Physician, CNA, Social Work, Chaplain, Volunteer Nursing on call 24/7/365 for emergencies
Insurance	Varies: May have co-pays	Varies: May have co-pays	Hospice benefit
Home Health Aide/CNA	If ordered	If ordered	Member of hospice team
Social Worker	If ordered	Often a member of palliative care team	Member of hospice team
Chaplain	Not available	If ordered	Member of hospice team
Volunteers (music/art/massage therapist, visitor, reader, sitter)	Not available	Not available in all agencies.	Services available
Comfort Medications	Insurance dependent	Insurance dependent	Hospice benefit
Chemotherapy, Radiation Therapy, Dialysis	Insurance dependent	Insurance dependent	Unavailable unless it is part of the plan of care to palliate symptoms on a case-by-case basis

	Home Care	Home Palliative Care	Home Hospice
Antibiotics	Insurance dependent	Insurance dependent	Antibiotics available and used when appropriate.
Medical Equipment (hospital bed, bedside table, bedside commode wheelchair, canes, raised seats, etc.) and Incontinence supplies	Insurance dependent with copay	Insurance dependent with copay	Hospice benefit Paid 100% by Medicare, Medicaid Private insurances also may have a hospice provision.
	Not covered under Medicare Part A		
24-Hour Care	❖ Private pay	❖ Private pay	Varies by hospice agency and insurance
Site of Care	Home or private pay assisted living facilities.	Home or private pay assisted living facilities.	Home, or assisted living, nursing home, or hospice facility with private pay Inpatient level of care is provided by the Medicare hospice benefit if that level of care is indicated
Bereavement	Not available in some programs	Program specific	Hospice benefit (*Preferably to begin at admission.)

All home care assumes the primary caregiver is a family member, and not the nurse or other health care worker who visits the home.

- ❖ Private duty nursing not provided by insurance and charged at an hourly rate to the client unless the services performed must be by an RN or LPN in the client's home.

Speak to a case manager or social worker if you have long term care insurance. The above information includes general guidelines and will vary according to individual situations.

Eligibility Requirements:

Home care: client must have difficulty leaving the home and require intermittent skilled nursing or therapy services

Palliative care: homebound status not required, nor have a terminal prognosis. Care continues if client requires active and on-going symptom management. May be seeking curative treatments for condition(s). Palliative care is meant to be "short term" for symptom management (average length of service is 6 to 8 weeks). Physician order required before services can begin.

Hospice care: a prognosis of 6 months or less given the illness runs its normal course as certified by a hospice physician and attending physician (if the client has one). No curative measures continued by client. Physician order required before services can begin.

This informational service provided by:

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