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Understanding Palliative Care And Hospice

Matthew M. Santelli
Education and Outreach Specialist
Pierce County Aging and Disabilities Resource Center
253-798-4600
www.pierceadrc.org

Disclaimer

The Pierce County Aging and Disability Resource Center does not recommend any specific health care management plan for individuals, nor should this presentation be considered an exhaustive review of possible health situations requiring palliative and/or hospice care. Consult your physician to determine the best plan to address the care needs of yourself and your loved ones.

- 1. What is End of Life Care?**
- 2. What is Palliative Care?**
- 3. What is Hospice Care, who provides it, and where does it happen?**
- 4. Does Medicare and Medicare Advantage pay for Palliative and/or Hospice Care?**
- 5. Does Medicaid pay for Palliative and/or Hospice Care?**
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- 8. What legal documents should I have in place to provide for my End of Life Care?**
- 9. What resources are available for more information?**

Understanding the Need for End of Life Care

- End-of-life care is the term used to describe the support and medical care given during the time surrounding death. This type of care does not happen only in the moments before breathing ceases and the heart stops beating. Older people often live with one or more chronic illness and need significant care for days, weeks, and even months before death.
- The end of life may look different depending on the person's preferences, needs, or choices. Some people may want to be at home when they die, while others may prefer to seek treatment in a hospital or facility until the very end. Many want to be surrounded by family and friends, but it's common for some to slip away while their loved ones aren't in the room.
- When possible, there are steps you can take to increase the likelihood of a peaceful death for your loved one, follow their end-of-life wishes, and treat them with respect while they are dying.

Understanding the Need for End of Life Care



Generally speaking, people who are dying need care in four areas: physical comfort, mental and emotional needs, spiritual needs, and practical tasks. Of course, the family of the dying person needs support as well, with practical tasks and emotional distress.

- **Physical comfort:** Can include strategies to manage pain, breathing problems, skin irritation, digestive problems, temperature sensitivity, and fatigue
- **Managing mental and emotional needs:** Can include reassurance that family members are there and caring for them with physical touch, soft lighting, relaxing music, calming fragrances.
- **Spiritual needs:** Spiritual needs may include finding meaning in one's life, ending disagreements with others, or making peace with life circumstances. The dying person might find comfort in resolving unsettled issues with friends or family. Visits from a counselor or spiritual advisor may help.
- **Practical tasks:** Maintaining personal hygiene for the dying person, completing household chores, paying bills, caring for pets, and so on.

What is Palliative Care and Hospice Care?

Palliative care aims to improve overall quality of life for a person suffering from a serious illness such as heart failure, chronic obstructive pulmonary disease (COPD), dementia, or even cancer. The person still receives treatment for their underlying condition. The palliative team supports the person in other ways including treating fatigue or weakness that develops from chemotherapy or addressing anxiety and depression that a person might experience resulting from their illness.

Palliative care is appropriate for anyone with a serious illness (whether it is chronic, curable, or life-threatening).

Hospice care provides comfort care and family support for someone with a terminal illness who usually has six months or less to live. The key difference from palliative care is that the person does not receive curative treatment for their terminal condition anymore. However, the person still gets medical care to help relieve symptoms related to their disease, as well as other types of support such as counselling, help with medical equipment, and grief support.

Hospice care has very specific eligibility: The person must be diagnosed as having six months or less to live and must no longer pursue curative care. The person may choose hospice because they are no longer receiving benefit from treatment or they simply do not want to be treated any longer.

Who Provides the Care and Where?

Palliative care is provided by a team that may include a doctor specializing in palliative medicine, a nurse, a pharmacist, a social worker, a dietitian, a chaplain, and volunteers.

Hospice care is also provided by a team that may include the hospice medical director, a nurse case manager, a social worker, a bereavement counselor, a home health aide, and hospice volunteers.

Most home health agencies also offer hospice care. Most treatment providers for chronic life-threatening conditions can offer palliative care. Physician orders are required to start both palliative care and hospice care.

Does Medicare pay for Palliative and Hospice Care?



Medicare Part B, most Commercial Insurance, and Tricare, Veteran's Health Coverage, and Medicaid pay for some palliative care, depending on the treatment. Medicare generally does not separate palliative care from the rest of a person's covered services, so a palliative care provider will be paid like any doctor.

Medicare Part A, most Commercial Insurance, Tricare, Veteran's Health Coverage, and Medicaid pay for Hospice Care. More details on the following slide.



Does Medicare pay for Palliative and Hospice Care? (cont'd)



Medicare pays for Hospice Care through Original Medicare under Medicare Part A. Original Medicare covers Hospice Care even if you have a Medicare Advantage plan. You pay nothing for hospice care.

You pay a copayment of up to \$5 for each prescription for outpatient drugs for pain and symptom management. In the rare case the hospice benefit doesn't cover your drug, your hospice provider should contact your plan to see if Part D covers it. The hospice provider will inform you if any drugs or services aren't covered, and if you'll be required to pay for them.

You may pay 5% of the Medicare-approved amount for inpatient respite care. Your copay can't exceed the inpatient hospital deductible for the year.

Original Medicare will still pay for covered benefits for any health problems that aren't part of your terminal illness and related conditions, but this is unusual. Once you choose hospice care, your hospice benefit will usually cover all you need.

You may have to pay for room and board if you live in a facility (like a nursing home) and choose to get hospice care.

More Information on Medicare payment for Hospice Care



Only your hospice doctor and your regular doctor (if you have one) can certify that you're terminally ill and have a life expectancy of 6 months or less. After 6 months, you can continue to get hospice care as long as the hospice medical director or hospice doctor recertifies (at a face-to-face meeting) that you're still terminally ill.

Medicare won't cover any of these once your hospice benefit starts:

- **Treatment intended to cure your terminal illness and/or related conditions.** Talk with your doctor if you're thinking about getting treatment to cure your illness. As a hospice patient, you always have the right to stop hospice care at any time.
- **Prescription drugs to cure your illness** (rather than for symptom control or pain relief).
- **Care from any hospice provider that wasn't set up by the hospice medical team.** You must get hospice care from the hospice provider you chose. All care that you get for your terminal illness must be given by or arranged by the hospice team. You can't get the same type of hospice care from a different hospice, unless you change your hospice provider. However, you can still see your regular doctor or nurse practitioner if you've chosen him or her to be the attending medical professional who helps supervise your hospice care.
- **Room and board.** Medicare doesn't cover room and board if you get hospice care in your home or if you live in a nursing home or a hospice inpatient facility. If the hospice team determines that you need short-term inpatient or respite care services that they arrange, Medicare will cover your stay in the facility. You may have to pay a small copayment for the respite stay.
- **Care you get as a hospital outpatient** (like in an emergency room), care you get as a hospital inpatient, or ambulance transportation, unless it's either arranged by your hospice team or is unrelated to your terminal illness and related conditions.
- **Contact your Hospice Care team** about these listed services or you may end up paying!

What about the Washington State Long-Term Care Trust Act?

- Funded by payroll deduction on employee earned income (no employer match)
- 58 cents per 100 dollars of employee earned income started July 1, 2023
- Self-employed can choose to join but mandatory to join for all other employees except federal and tribal employees
- Purchase of qualified Long-Term Care Insurance policy by November 1, 2021 allows employee a program exemption
- Beginning July 1, 2026, any person who is determined eligible to receive their benefit can access services and supports valued up to \$36,500. No denial due to health status.
- Details of the program benefits are still to be determined!

What legal documents should I have In place for Palliative and/or Hospice Care?

- Durable financial/health care power of attorney forms signed and notarized before care is needed
- Advance directive for health care (also known as a Living Will) signed and notarized or witnessed
- POLST (Physician Order for Life-Sustaining Treatment) form also known as DNR (Do Not Resuscitate) form signed by physician
- Last Will and Testament signed and notarized or witnessed
- Death certificates to settle accounts
- Make sure you and other trusted family members and professionals, such as your attorney and physician, have copies of these forms! Keep the originals in a known secure place!

Resources for more information about this presentation



- Pierce County Aging and Disabilities Resource Center at 253-798-4600 or www.pierceadrc.org
- Washington State Insurance Commissioner link at <https://www.insurance.wa.gov/>
- Columbia Legal Services at www.washingtonlawhelp.org
- Dementia Legal Planning Project at 425-780-5589 or www.dementialegalplanning.org
- Washington Long-Term Care Trust Act at www.wacaresfund.wa.gov
- Medicare at 1-800-633-4227 or www.medicare.gov
- COVID-19 updated boosters now available at most local pharmacies including Pfizer, Moderna, and Novavax. Free home testing kits at local libraries or <https://www.covid.gov/tests>