



Frequently Asked Questions

1. When should a decision about entering a hospice program be made and who should make it?

At any time during a life-limiting illness, it's appropriate to discuss all of a patient's care options, including hospice. By law the decision belongs to the patient. Most hospices accept patients who have a life-expectancy of six months or less and who are referred by their personal physician.

2. Should I wait for our physician to raise the possibility of hospice, or should I raise it first?

The patient and family should feel free to discuss hospice care at any time with their physician, other health care professionals, clergy or friends.



3. Is all hospice care the same?

No. Many communities have more than one hospice. Medicare requires certified hospices provide a basic level of care but the quantity and quality of all services can vary significantly from one hospice to another. To find the best hospice for your needs, ask your doctor, healthcare professionals, clergy, social workers or friends who have received care for a family member.

4. Can a hospice patient who shows signs of recovery be returned to regular medical treatment?

Certainly. If the patient's condition improves and the disease seems to be in remission, patients can be discharged from hospice and return to aggressive therapy or go on about their daily life. If the discharged patient should later need to return to hospice care, Medicare and most private insurance will allow additional coverage for this purpose.

5. What does the hospice admission process involve?

One of the first things the hospice program will do is contact the patient's physician to make sure he or she agrees that hospice care is appropriate for this patient at this time. (Arizona Care Hospice has medical staff available to help patients who have no physician.) The patient will be asked to sign consent and insurance forms. These are similar to the forms patients sign when they enter a hospital. The form Medicare patients sign also tells how electing the Medicare hospice benefit affects other Medicare coverage.

6. Is there any special equipment or changes I have to make in my home before hospice care begins?

Arizona Care Hospice will assess your needs, recommend any equipment, and make arrangements to obtain any necessary equipment. Often the need for equipment is minimal at

first and increases as the disease progresses. In general, hospice will assist in any way it can to make hospice care as convenient and safe as possible.

7. How many family members or friends does it take to care for a patient at home?

There's no set number. One of the first things our hospice team will do is to prepare an individualized care plan that will, among other things, address the amount of caregiving needed by the patient. Hospice staff visit regularly and are always accessible to answer questions and provide support.

8. Must someone be with the patient at all times?

In the early weeks of care, it's usually not necessary for someone to be with the patient all the time. Later, however, since one of the most common fears of patients is the fear of dying alone, hospice generally recommends someone be there continuously. While family and friends do deliver most of the care, hospices may have volunteers to assist with errands and to provide a break and time away for primary caregivers.



9. What specific assistance does hospice provide home-based patients?

Hospice patients are cared for by a team consisting of a physician, a nurse, social workers, counselors, hospice aides, clergy, therapists, and volunteers. Each one provides assistance based on his or her own area of expertise. In addition, hospices provide medications, supplies, equipment, and other services related to the terminal illness.

10. Does hospice provide care 24 hours a day, 7 days a week?

Hospice staff is on call for emergencies 24 hours a day. Hospice care does not include a nurse in the home 24/7. If you require more care than can be provided in the home, hospice can assist with helping the patient with residential care options.

11. Does hospice do anything to make death come sooner?

Hospice neither hastens nor postpones dying. Just as doctors and midwives lend support and expertise during the time of child birth, hospice provides its presence and specialized knowledge during the dying process.

12. Is caring for the patient at home the only place hospice care can be delivered?

No. Hospice patients receive care in their personal residences. This may include a private home, assisted living home, group home, long term care facility, or any other location you call home.

13. How does hospice “manage pain”?

Hospice believes that emotional and spiritual pain are just as real and in need of attention as physical pain, so it can address each. Hospice nurses and doctors are up to date on the latest medications and devices for pain and symptom relief. In addition, they are sometimes joined by specialists schooled in music therapy, art therapy, massage and diet counseling.

Finally, various counselors, including clergy, are available to assist family members as well as patients.

14. What is hospice’s success rate in battling pain?

Very high. Using a combination of medications, counseling and therapies, most patients can attain a level of comfort they consider acceptable.



15. Will medications prevent the patient from being able to talk or know what’s happening?

Usually not. It is the goal of hospice to have the patient as pain free and alert as possible. By constantly consulting with the patient, hospices have been very successful in reaching this goal.

16. Is hospice affiliated with any religious organization?

No. While some churches and religious groups have started hospices (sometimes in connection with their hospitals), these hospices serve a broad community and do not require patients to adhere to any particular set of beliefs.

17. Is hospice care covered by insurance?

Hospice coverage is widely available. It is covered by Medicare nationwide at 100%, by Medicaid in 47 states, and by most private insurance providers. To be sure of coverage, families should, of course, check with their employer or health insurance provider. Hospice can assist you with this as well.

18. If the patient is eligible for Medicare, will there be any additional expense to be paid?

The Medicare Hospice Benefit covers the full scope of medical and support services for a life-limiting illness. Hospice care also supports the family and loved ones of the person through a variety of services. This benefit covers almost all aspects of hospice care with little expense to the patient or family.

19. If the patient is not covered by Medicare or any other health insurance, will hospice still provide care?

The first thing hospice will do is assist families in finding out whether the patient is eligible for any coverage they may not be aware of.

20. Does hospice provide any help to the family after the patient dies?

Most hospices provide continuing contact and support for caregivers for at least 13 months following the death of a loved one. Many hospices also sponsor bereavement groups and support for anyone in the community who has experienced a death of a family member, a friend, or similar losses.

For more information

Call

480-588-8200